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(((H210003089803)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED STATES REGISTERED AGENTS, INC.

Account Number : I19990000022 Phone : (305)670-6370 Fax Number : (305)670-3390

> \*\*Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please.\*\*

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# COR AMND/RESTATE/CORRECT OR O/D RESIGN CARIBBEAN MARKETING SERVICES INC.

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August 18, 2021

#### FLORIDA DEPARTMENT OF STATE

CARIBBEAN MARKETING SERVICES INC. Division of Corporations 6303 BLUE LAGOON DRIVE SUITE 265 MIAMI, FL 33126

SUBJECT: CARIBBEAN MARKETING SERVICES INC.

REF: P13000008020

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Signature page is too blurry to read and it is not acceptable for imaging

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

FAX Aud. #: H21000308980 Yasemin Y Sulker Regulatory Specialist III Letter Number: 521A00019785

## H210003089803

Articles of Amendment to Articles of Incorporation

CARIBBEAN MARKETING SERVICES INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000008020	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followits Articles of Incorporation:	ring amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contributed, "professional association," or the abbreviation "P.A."	The new ation "Corp.," tain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	· 
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	100 m
Name of New Registered Agent	: [전 <b>4</b>
	현의 프 🔑
(Florida street address)	
	<b>广景 5</b>
New Registered Office Address: (City)	Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position  Signature of New Registered Agent, if changing  Check if applicable	
☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (e), P.S.	

### H21600308980 3

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally St	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	P	_	MARI FERNANDEZ, BARTOLOME	9300 \$ DADELAND BLVD, STE 600	
Add				MIAMI FL 33156	
X Remove					
2) Change	P	<u> </u>	MEDRANO BLANCO, WILDA MERCEDES	9300 S DADELAND BLVD, STE 600	
_XAdd				MIAM1 FL 33156	
Remove 3) Change		_			
Add					
Remove		•			
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6)Change		_			
Add					
Remove					

# H210003089803

<ul> <li>If altending or adding additional Articles, enter changes</li> <li>(Attach additional sheets, if necessary). (Be specific)</li> </ul>	(s) here:
(Attach additional sneets, if necessary). (Be specific)	
	\
	<del></del>
If an amendment provides for an exchange, reclassificati	on, or cancellation of issued theres
provisions for implementing the amendment if not conta	ained in the amendment itself:
If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contact (if not applicable, indicate N/A)	3,017

# H210003089803

date this document was signed.	
Effective date if applicable:	SEPTEMBER I, 2021
	(no more than 90 days after amendment file date)
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will not be listed as to Department of State's records,
Adoption of Amendment(s)	(CHECK ONE)
∑ The amendment(s) was/wer     action was not required,	e adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.
The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
DatedSignature	y a director, president or other officer - if directors or officers have not been lected, by an incorporator - if in the hands of a receiver, trustee, or other court
aρ	pointed fiduclary by that fiduciary)
	BARCELO, ABEL MATUTES
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)