P13000099499

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: LAS GOLONDRIN	NAS INC			
DOCUMENT NUM	P13000089499				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this mat	tter to the following:			
	MABEL ROMANIUK				
		Name of Contact Person	L		
	MABEL ROMANIUK & AS	SSOCIATES PA			
		Firm/ Company			
	1689 NE 123RD ST				
	Address				
	NORTH MIAMI FL 33181				
		City/ State and Zip Code	2		
	MABELROMANIUK@BEL	LSOUTH.NET			
	-	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
MABEL ROMANIUK		at (893-2669		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations		Amend	Address ment Section on of Corporations		
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

2021 NOV 19 AM 11: 21 LAS GOLONDRINAS INC (Name of Corporation as currently filed with the Florida Dept. of State) P13000089499 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: 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 abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. 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: Name of New Registered Agent (Florida street address) New Registered Office Address: _ (Zip 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/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	KARINA CONDE	2069 NE 123 ST NORTH MIAMI
/ Add			
X Remove			
2) Change	P	CIRO P BOTTA	2069 NE 123 ST NORTH MIAMI
X Add			
Remove 3) Change	VP	MAURO M BOTTA	2069 NE 123 ST NORTH MIAMI
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s (Be specific)			
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	11/2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	
		II mat ha liatad ay th
document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	ir not be fisted as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action an	d shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
11/11/21 Dated		
Signature 🗡		
selecti	lire to president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	CIRO P BOTTA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	