

P13000092929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

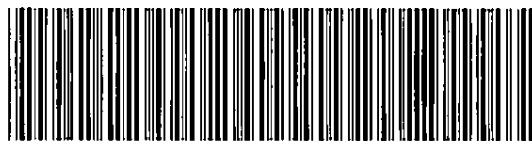
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Certified Copies _____ Certificates of Status _____

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JUN - 2 2022

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2022 JUN - 2 AM 9:31

ALLAHASSEE, FL 000

FILED

2022 JUN - 2 AM 10:18

SECRETARY OF STATE
ALLAHASSEE, FL 000

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MICARAL, INC.

DOCUMENT NUMBER: P13000092929

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SOLITA CHOCRON
Name of Contact Person
ROUSSEAU GROUP, INC
Firm/ Company
4737 NORTH OCEAN DRIVE 306
Address
FORT LAUDERDALE, FLORIDA 33308
City/ State and Zip Code
info@rousseaugroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOLITA CHOCRON at () (954) 491-1800
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of
MICARAL, INC.

FILED
2022 JUN -2 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000092929

(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:

N/A

The new 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**)

2419 E. COMMERCIAL BOULEVARD, STE 103

FORT LAUDERDALE, FLORIDA 33308

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

4737 NORTH OCEAN DRIVE 306

FORT LAUDERDALE, FLORIDA 33308

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 SOLITA CHOCRON

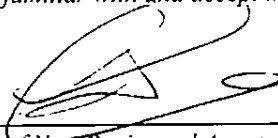
4737 NORTH OCEAN DRIVE 306

(Florida street address)

New Registered Office Address: FORT LAUDERDALE, Florida 33308
(City) (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) (c), 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P/T</u>	<u>MIGUEL V. PEREZ RENDILES</u>	<u>2419 E COMMERCIAL BLVD</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 103</u>
<input type="checkbox"/> Remove			<u>FORT LAUDERDALE, FL 33308</u>
2) <input type="checkbox"/> Change	<u>V/S</u>	<u>ANA MARIA ALVAREZ VERA</u>	<u>2419 E COMMERCIAL BLVD</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 103</u>
<input type="checkbox"/> Remove			<u>FORT LAUDERDALE, FL 33308</u>
3) <input type="checkbox"/> Change		<u>ALBERTO PEREZ CROES</u>	<u>9780 LAKEVIEW LANE</u>
<input type="checkbox"/> Add			<u>PARKLANE, FLORIDA 33076</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

DATE OF FILING

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

N/A

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

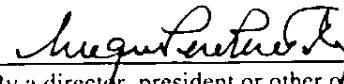
☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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 _____ Unanimously _____"
(voting group)

Dated June 2, 2022

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MIGUEL VICENTE PEREZ RENDILES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Any designation of Power of Attorney(s) or Proxy on behalf of MICARAL, INC., issued prior to the date of filing of

this amendment is VOID; not having any legal effects from the date of filing-----

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A