Feb 22, 2023 16:24 (UTC-05)

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To:

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Phone : (786)307-2733

Fax Number : (954)420-7118

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COR AMND/RESTATE/CORRECT OR O/D RESIGN OVER THE MOON JEWELERS CORP

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A. RAMSEY

FEB 2 3 2023

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TO: Amendment Section

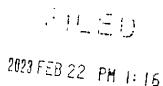
COVER LETTER

Division of Corp	orations			
NAME OF CORPO	RATION: OVER THE MOO	N JEWELERS CORP		
DOCUMENT NUM				
The enclosed Articles	of Amendment and fee are su	binitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ANWAR I PUELLO			
		Name of Contact Perso	n	
	TAX S PRO CORP			
		Firm/ Company		
	8030 PINES BLVD			
		Address		
PEMBROKE PINES FL 33024				
		City/ State and Zip Coo	le	
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For further information	on concerning this matter, pleas	se call:		
ANWAR I PUELLO		786 at () 3072733	
Name	of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

to

Feb 22, 2023 16:24 (UTC-05)

Articles of Amendment Articles of Incorporation of



OVER THE MOON JEWELERS CORP		
(Name of Corporatio	n as currently filed with the Florid	la Dept. of State)
P15000003557		
(Docum	ent Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpora	ation adopts the following amendment(s
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co." "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbrev	or "Co". A professional corpore	rated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registerence new registered agent and/or the new registered of		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(Ciņi)	(Zip Code)
New Registered Agent's Signature, if changing Regi I herehy accept the appointment as registered agent. I		igations of the position.
Signa	ture of New Registered Agent, if cha	nging
Check if applicable	_ ·	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Example:

9

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:

From: +19544207118 (TAX 5 PRO)

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 Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			 <u>,</u>
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

1 # 92-2324	litional sheets, if necessar; 4046	· 1 · · F - · 7 · · 7				
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lf an amer	ndment provides for an e	exchange, reclassi	fication, or cance	llation of issued s	hares,	
provision	s for implementing the st t applicable, indicate N/A	mendment if not	contained in the	amendment itself	<u>i</u>	
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	02/22/23	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
0:	2/22/23	
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The following group entitled to vote separately on the amend	
"The number of votes c	est for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
02/22/20 Dated	23	
Signature	$\mathcal{M}\mathcal{M}$	
	director, president or other officer - if directors or officers h	have not been
	sted, by an incorporator - if in the hands of a receiver, trustee	
	inted fiduciary by that fiduciary)	
••	MAURICIO J LUNA POLANCO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	