Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000277015 3)))



H230002770153ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : DEMOS GLOBAL GROUP, INC.

Account Number : I20230000113 Phone : (305)670-0979 Fax Number : (954)206-6880

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

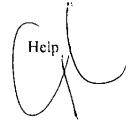
Cy Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN MANZANILLA OLIVE USA, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

H230002770153

| TO: Amendment Section Division of Corpor | | | |
|---|---|--|--|
| NAME OF CORPORA | ATION: MANZANILLA C | DLIVE USA. INC. | |
| DOCUMENT NUMBE | | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this ma | tter to the following: | |
| <u>. \</u> | HCHELLE WILLIAMS | | |
| | | Name of Contact Person | 1 |
| C | DEMOS GLOBAL GROUP, | INC. | |
| - | | Firm/ Company | |
| 8 | 950 SW 74 COURT, SUITE | E 1406 | |
| | | Address | |
| . | HAMI, FL 33156 | | |
| <u>-</u> | | City/ State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | | |
| <u> 11</u> | nichellew@demosylobal.es | | |
| | E-mail address: (to be us | ed for future annual report | notification) |
| For further information (| concerning this matter, pleas | se call: | |
| MICHELLE WILLIAM | is . | 305 at (| 6700979 |
| Name of | Contact Person | Area Coo | de & Daytime Telephone Number |
| Enclosed is a check for t | he following amount made | payable to the Florida Depa | irtment of State; |
| S35 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) |
| Amen Divisi P.O. B | ng Address dment Section on of Corporations lox 6327 assee, F1, 32314 | Amend Divisio The Ce 2415 N | Address ment Section n of Corporations entre of Tallahassee i. Monroe Street, Suite 810 ssee, FL 32303 |

H230002770153

Articles of Amendment to Articles of Incorporation of

| MANZANILLA OLIVE USA, INC. | | |
|--|--|--|
| (Name of Corpora | tion as currently filed with the Florid | la Dept. of State) |
| P15000040491 | | |
| (Docu | iment Number of Corporation (if known | n) |
| Pursuant to the provisions of section 607.1006, Floridis Articles of Incorporation; | da Statutes, this Florida Profit Corpora | ntion adopts the following amendment(s |
| A. If amending name, enter the new name of the | corporation: | |
| OLEAND MANZANILLA OLIVE USA, INC. | | The new |
| name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp." "Inc "chartered." "professional association," or the abbi | :," or "Co". A projessional corpora | proted" or the abbreviation "Coro." |
| B. Enter new principal office address, if applicab | | |
| (Principal office address MUST BE A STREET AD | ODRESS) | |
| | an analysis program, the state of the state | |
| | - A STATE OF THE S | |
| C. Enter new mailing address, if applicable: | aus. | |
| (Mailing address MAY BE A POST OFFICE B | <u>0x</u> ; | |
| | | |
| | | |
| D. If amending the registered agent and/or registe | and office address in Florida antes t | the name of the |
| new registered agent and/or the new registered | d office address: | are name or the |
| Name of New Registered Agent | | |
| the state of the s | | |
| | (Florida street address) | |
| Nov. Basins and Odia - Addr | · | *** |
| New Registered Office Address: | (City) | . Florida (Zip Code) |
| | | |
| | | |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent | | ivations of the position |
| | | .sy |
| | | |
| · | AND BOOK IN THE RESERVE | |
| Sign | nature of New Registered Agent, if char | iging |
| Check if applicable | | |
| The amendment(s) is/are being filed nursuant to s | 607 0120 (11) (e) F S | |

H230002770153

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 latter of the office title;

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

Changes should be noted in the following manner. Currently John Doc is livied as the PST and Mike Jones is livied 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

| X Change | FJ. | John Dac | |
|-------------------------------|---|---|------------------|
| X Remove | \underline{V} | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | - |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | P,S | DIEGO JESUS GALLEGO MUNOZ | 8950 SW 74 COURT |
| Add | | | SUITE 1406 |
| X Remove | | | MIAMI, FL 33156 |
| 2)Change | P,S | ANTONIO CANDIL CABEZA | 8950 SW 74 COURT |
| X Add | | | SUITE 1406 |
| Reitove 3) Change | | | MIAMI, FL 33156 |
| | ** | , | |
| Remove 5) Change Add | . <u>. </u> | | |
| Remove | | Mich. Service and the Additional Debugsian Company of the Company | |
| Add | | | |
| Remove | | | |

H230002770153

| tach additional sheets, if necessary). | (Be specific) | | | |
|---|---|---------------------------|---------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | *************************************** | | | |
| | | | | |
| . منتها و در مده المستحديد و المراز (۱۳۵۰ و وجود المستودوو و (۱۳۵۰ ما ۱۳۵۰ ما ۱۳۵۰ ما ۱۳۵۰ ما ۱۳۵۰ ما | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| n amendment provides for an excl | hanas reclassification or | cancellation of insued sh | 0 404 | |
| ovisions for implementing the ame | indment if not contained i | n the amendment itself: | <u>ai 43,</u> | |
| (if not applicable, indicate N/A) | | | | |
| | | | ····· | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

H230002770153

| The date of each amendment(s) adoption:date this document was signed. | , if other than the |
|--|--|
| - | |
| (no more | han 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco | applicable statutory filing requirements, this date will not be listed as thords. |
| Adoption of Amendment(s) (CHECK ONE |) |
| The amendment(s) was/were adopted by the incorporato action was not required. | ts, or board of directors without shareholder action and shareholder |
| The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval. | s. The number of votes east for the amendment(s) |
| The amendment(s) was/were approved by the sharehold-must be separately provided for each voting group cuttle | |
| "The number of votes cast for the amendment(s) w | as/were sufficient for approval |
| by(voting group) | |
| (voting group) | |
| Dated August 10, 2023 | - findil: |
| Signature | |
| | er officer if directors or officers have not been fin the hands of a receiver, trustee, or other court actary) |
| ANTONIO CANDIL O | |
| (Typed or p | rinted name of person signing) |
| PRESIDENT | |
| (Title of per | son signing) |