P15 0000 80110

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CHEBAS INTER	NATIONAL CORP	_
DOCUMENT NUME			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Pascal Gibert		
•		Name of Contact Person	n
	Best Options He		
	·	Firm/ Company	
	1145 Via Jardin	,,	
		Address	
	West Palm Beach, FL 33418		
•	· , , <u></u> , <u></u>	City/ State and Zip Cod	<u> </u>
	pgibert@bestoptionsllc.com		
-	· ·	sed for future annual report	notification)
For further information	concerning this matter, plea		214-2328
Name of Contact Person		Area Co-	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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 P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations Centre of Tallahassee M. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CHEBAS INTERNATIONAL CORP	
(Name of Corporation as curren	tly filed with the Florida Dept, of State)
P35000080110	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	, , , , , , , , , , , , , , , , , , ,
	7
C. Enter new mailing address, if applicable:	^
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
N. C.	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	. Florida
New Acquisition Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	t:
l hereby accept the appointment as registered agent. I am familiar	
Signature of New I	Registered Agent, if changing
79 1 20 N 13	
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)

Example:

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Guendafina Ribas	8111 NW 104 CT
X Add			Doral, FL 33178
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	cles, enter change(s) here: (Be specific)
·	
If an amendment provider for an each	and make militarian and a place of investigation of
If an amendment provides for an exchiprovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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10-01-2020
The date of each amendment(s) adoption:, if other than the
date this document was signed.
10-01-2020
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amenament 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
(voting group)
10-01-2020
Dated
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)
PABLO RIBAS
(Typed or printed name of person signing)
PRESIDENT, CEO
(Title of person signing)