P16000001727

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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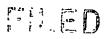
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: COMPANIA YAC	UMA, INC.			
	R: P16000001727				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspondent	ondence concerning this ma	tter to the following:			
		ALICIA GARCIA			
_	Name of Contact Person				
	С				
	Firm/ Company				
	555	NE 15th STREET SUITE	100		
_	Address				
	MIAMI, FLORIDA 33132				
		City/ State and Zip Code			
	AGA	.RCIA@PEGASOCORP.C	OM		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information of	concerning this matter, pleas	se call:			
ALICIA GARCIA		at (576-7800 _)		
Name of	Contact Person	Area Coc	le & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment 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)		
Ameno Divisio P.O. B	ng Address dment Section on of Corporations fox 6327 assec, F1, 32314	Amendi Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of



COMPANIA YACUMA, INC.		
(Name of Corpor	ttion as currently filed with the Florida	प्रिकृत के इस्ति हैं
P16000001727	•	SECRETARY OF STATE
(Doc	ument Number of Corporation (if known)	IALLAHASSEE, FL
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corporatio</i>	on 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 "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the ab-	c," or "Co". A professional corporation	ted" or the abbreviation "Corp.,"
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	3OX)	
D. If amending the registered agent and/or registered agent and/or the new register.		: name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
And the State of the Annual State of the Sta	(City)	(Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		tions of the position.
	enature of New Revistered Agent, if change	ino

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:	.,	ny Smart, St. as an Ada.			
Example: <u>X</u> 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>	<u>Addres</u> s		
1) X Change	P	Francisco M Martinez-Miyashiki	555 NE 15th Street Suite 100		
Add			Miami. Fl 33132		
Remove					
2) X Change	D	Francisco Martinez-Celeiro	555 NE 15th Street Suite 100		
Add			Miami, Fl 33132		
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_	•		
Add					
Remove					

(Attach ad	fing or adding additions additional sheets, if necess	ary). (Be specific)	Extra rest.		
N/A					
_			 -		.
			<u> </u>		
		 -			
					
			<u> </u>		
					•
					
					
. If an ame	endment provides for a	n evchange, reclassifi	cation, or cancella	tion of issued share	es.
provisio	ons for implementing th	<u>e amendment if not c</u>	ontained in the an	iendment itself:	
(<i>y n</i> Ma	not applicable, indicate N	/A)			
×//\					
					4
			<u>.</u>		

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	03/22/2021	
The date of each amendment(s) add date this document was signed.	pption:	, if other than the
Effective date <u>if applicable</u> :		
<u> </u>	tno more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this cartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendmen ficient for approval.	n(s)
	oved by the shareholders through voting groups. The following states ach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	··	
,	(voting group)	
03/22/2021 Dated		
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cod fiduciary by that fiduciary)	n urt
ł	ranicisco M Martinez-Miyashiki	
-	(Typed or printed name of person signing)	
1	President	
_	(Title of person signing)	