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(Re	questor's Name)	<u>-</u>	
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PICK-UP		MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

SWEET ROBIN INC

P16000002935

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

	OSWALDO VAZQUEZ	
	Name of Contact Person	
	SWEET ROBIN INC	
	Firm/ Company	
	4141 E HWY 30A	
	Address	
	SANTA ROSA BEACH FLORIDA 32459	
	City/ State and Zip Code	
	pgłaze1157@gmail.com	
E-mail address	: (to be used for future annual report notification)	

For further information concerning this matter, please call:

OSWALDO VAZQUEZ at (850) 902-4459 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:

🗍 - \$35 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 <u>Street Address</u> 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	
	SWEET ROBIN INC	2021 OCT 18 PM 4:07
(<u>Name of C</u>	Corporation as currently filed with the Flor P16000002935	ida Dept. of State).
	P16000002935	TALL ARA SERVICE
	(Document Number of Corporation (if know	wn)
Pursuant to the provisions of section 607.100 ts Articles of Incorporation:	06. Florida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s)
A. If amending name, enter the new name	e of the corporation:	
		The new
"Inc.," or Co.," or the designation "Corp "chartered," "professional association," or		
 Enter new principal office address, if a Principal office address <u>MUST BE A STR</u> 		
. Enter new mailing address, if applical	ble:	
(Mailing address <u>MAY BE A POST OF</u>	<u>FICE BOX</u>	
) If amonding the resistance arous and the	w notice and offers address in Florida, onto	- the name of the
new registered agent and/or the new re	<u>or registered office address in Florida, enter</u> egistered office address:	
Name of New Registered Agent		
<u></u>		
—	(Florida street address)	
	(Florida street address)	, Florida (Zip Code)

Signature of New Registered Agent, if changing

Check if applicable

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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: X Change <u>PT</u> <u>John Doe</u> X Remove <u>V</u> Mike Jones _X Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) VΡ RUBEN MARTINEZ 3774 LAIRD ROAD 1) ____ Change Х CRESTVIEW FLORIDA 32539 _ Add ____ Remove 2) ____ Change ____ Add ____ Remove 3) ____ Change ___ Add Remove 4) ____ Change _____ Add ___ Remove 51 ____ Change ____ Add ____ Remove 6) ____ Change ____ Add ___ Remove

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach *additional sheets, if necessary). (Be specific)*

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OCTOBER 13, 2021

The date of each amendment(s) adoption: ______ date this document was signed.

Effective date <u>if applicable</u>: ____

(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.
- \Box 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.
- \Box 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) 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) OSWALDO VAZQUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

_____, if other than the