P16000019371

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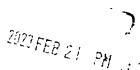
COVER LETTER

TO: Amendment Section Division of Corporations

. .

NAME OF CORPO	RATION:J. CRUZ E	DICIONES CORP	
DOCUMENT NUM	BER:	P16000019371	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
		DE OLIVEIRA. CLAUDIO)
		Name of Contact Person	
		Firm/ Company	
	5790 NW 113 PL	,	
		Address	
	MIANU FLORIDA 3317	City/ State and Zip Cod	<u>. </u>
	deoclaudio@gmail.com	Only Oute line 224 Ood	•
	-	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MIRNA DIAZ		at (⁷⁸⁶	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:
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)
Am Div P.O	ching Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 ?	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation



of		4023 FFR 21	<i>-</i>
J. CRUZ EDICIONES CORI	,	2023 FEB 21 PM	4
(Name of Corporation as currently	filed with the Florid		
P1600001	9371		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Aorida Profit Corpora	tion 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," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
			 -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address:		he name of the	
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address:		. Florida	
	City)	(Zip Co	ode)
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obli	gations of the position.	
Signature of New Re	gistered Agent, if chan	ging	
,	- ,,	• • • •	

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	PT	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) Change	VP	DE LA CRUZ DIAS, MAURICIO	5790 NW 113 PL
Add			DORAL FL 33178
X Remove			
2) Change	S	DIAS, SEBASTIAN G	5790 NW 113 PL
Add			DORAL FL 33178
X Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			76.44
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			<u>.</u>
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
REMOVE: DE LA CRUZ DIAS, MAURICIO (VP)	
REMOVE: DIAS, SEBASTIAN G (S)	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	

The date of each amendment(s)	02/10/2023	, if other than the
date this document was signed.	adoption.	If other than the
0. Effective date <u>if applicable</u> :	2/10/2023	
Effective date it applicative.	(no more than 90 days after amendmer	nt file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing re Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east sufficient for approval.	for the amendment(s)
	approved by the shareholders through voting groups. 7 for each voting group entitled to vote separately on the	
	ist for the amendment(s) was/were sufficient for appro-	val
by		."
	(voting group)	
02/10/20 Dated	23	
	audio De Oliveira	
selec	a director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, thinted fiduciary by that fiduciary)	
	DE OLIVEIRA, CLAUDIO	
	(Typed or printed name of person signing	3)
	PRESIDENT	
	(Title of person signing)	