

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.

(((H22000156212 3)))



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 : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

En	er the	email report	address mailin	for this gs. Enter	business only one	entity email	to be us	sed for fu please.	山 は い い い
50	Email .	Address	3 :				_		
∞									177

COR AMND/RESTATE/CORRECT OR O/D RESIGN **SOFIA & MARIA CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	0.5
Estimated Charge	\$35.00

MAY 0 2 2022

FILED

€ 022 APR 29 PM. 3: 38

SECRETARY OF STATE
TALLAHASSEE. FL

Articles of Amendment to Articles of Incorporation

Articles of Inc	erporation	÷
of		
Sofia & Maria Corporation		
(Name of Corporation as currenti	v filed with the Florida Dept. of State)	
P16000051171		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	•	g amondment(s)
L Hamending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	I professional corporation name must contain	on "Corp.," in the word
B. Enter new principal office address, if applicable; Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
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 new registered agent and/or the new registered office address	ress in Florida, enter the name of the	
Name of New Projectory 4		
Name of New Registered Agent		_
		
(Florida etr	est oddress)	_
New Registered Office Address:		
	(City) (Zip (Code)
low Registered Agent's Signature, if changing Registered Agent; hereby accept the appointment as registered agent. I am familiar w	l	
net coy accept the appointment as regulered agent. I am jamiliar w	run and accept the obligations of the position.	
Signature of New P.	egistered Agent, if changing	-
	Seems en vReut' à runuliul	
Check if applicable		
The amendment(s) is/are being filed pursuant to a. 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, its 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	PI lom	Doe		
X Remove	Y Mike	Mike Jones		
T Add	SY Sait	y Smith		
Type of Action (Check One)	Title	Name	Address	
l) Change	D	Maria Escobar Uribe	199 OCEAN LANE DR.	
X Add			APT 406	
Remove			KEY BISCAYNE, FL 33149	
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		· · · · · · · · · · · · · · · · · · ·		
Add				
Келюче				

muchulay or adding	z additional Articles, e ts, if necessary). (Be s	nter change(s) here:		
man badinanai sile.	o, y necessary), {D# S	pecific)	•	
				
				
			-	
				
				
		 		<u> </u>
			 	
			····	
				
				
_		<u> </u>		
_				
<u> Ovrstorra Ion Thisbict</u>	vides for an exchange, menting the amendmen	<u>reclassification, or ex</u> It if not contained in	encellation of issued : the amendment itsel	<u>thares.</u> f:
(if not applicable,	indicate N/A)			•
			·	
				
	- -			
-	· · · · · · · · · · · · · · · · · · ·			
				
				
				=

The date of each amendment(s) as date this document was signed.	logilos:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	look does not most the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were add by the shareholders was/were as	opted by the shareholders. The number of votes cast for the amendment(a) if its express.	
	proved by the shareholders through voting groups. The following storement each voiling group entitled to you separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voling group)	
Dated Apr	1 26, 2022	
solecte	becore, president or other officer — If directors or officers have not been d, by an incorporator — If in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	-
	Jeime Brobse	
	(Typed or printed name of person signing)	
	Director	
	(Title of purson algaing)	