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| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Document Number) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | |
|--|-------------------------|-------------------|-------------|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (Re | questor's Name) | |
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| Special Instructions to Filing Officer: | (Bu | siness Entity Nam | ne) |
| Special Instructions to Filing Officer: | (Dc | ocument Number) | · · · · · |
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COVER LETTER

TO: Amendment Section Division of Corporations

mitore & Beyond NAME OF CORPORATION **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

| Peinaldo Ordaz | |
|--|------------------|
| Name of Contact Person | |
| | |
| Firm/ Company | <u>_</u> _ |
| 15011 SW 52 LN | |
| Address Address | |
| Miami 77 33186 | |
| City/ State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | yation com |
| E-mail address:/(to be used for future annual report/notification) | |
| For further information concerning this matter, please call: | 2022 JU |
| <u>Renaldo Ordaz</u> ai 786, 343 | 8564 |
| Name of Contact Person Area Code & Daytime | Felephone Number |

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

S43.75 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) 5

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address

| | Articles of Amendment | | | |
|--|-----------------------------------|-------------------------------------|----------------|-------------------------|
| | to | | | |
| | rticles of Incorporation | | | |
| | miture & B | | | |
| (Name of Corporatio | n as currently filed with | 1 the Florida Dept. of | State) | · |
| P1600 | 000 51809 | | | |
| | ent Number of Corporation | on (if known) | | |
| ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation: | Statutes, this <i>Florida Pro</i> | ofit Corporation adopt | s the followin | g amendment(|
| . If amending name, enter the new name of the cor | rporation: | | | |
| N/A | | | | The new |
| chartered," "professional association," or the abbrev B. <u>Enter new principal office address, if applicable:</u> | | N/A | | |
| . <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDI</u> | | N/A | | |
| . <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDI</u> | <u>RESS</u>) | N/A N/A | | 2022 |
| . <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDI</u> . <u>Enter new mailing address, if applicable:</u> | <u>RESS</u>) | N/A N/A | | UF 2025 |
| . <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDI</u> . <u>Enter new mailing address, if applicable:</u> | <u>RESS</u>) | N/A N/A | | - jul 2022 Jul - |
| . <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDI</u> . <u>Enter new mailing address, if applicable:</u> | <u>RESS</u>) | N/A N/A | | |
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u> Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered | <u>RESS</u>) | N/A N/A ida, enter the name o | <u>f the</u> | 2022 JUI - 1 API II |
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u> Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered new registered agent and/or the new registered of the | <u>RESS</u>) | N/A N/A ida, enter the name o | <u>f the</u> | 2022 Jui - 1 Ait 11: 4 |
| Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADD</u> Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> If amending the registered agent and/or registered | <u>RESS</u>) | N/A N/A ida, enter the name o | <u>í the</u> | 2022 JUI - 1 API 11: 40 |
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u> Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered new registered agent and/or the new registered of the | <u>RESS</u>) | N/A N/A ida, enter the name o | <u>f the</u> | 2022 JUI - 1 AM 11: 40 |
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u> Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered new registered agent and/or the new registered of the | RESS) | | <u>f the</u> | 2012 JUI - 1 ATI 11: 40 |

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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 \Box 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)

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Please note the officer/director title by the first letter of the office title:

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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: <u>X</u> Change | <u>PT</u> | John Doe | |
|--------------------------------------|---------------|-----------------|-------------------|
| X Remove | <u>v</u> | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| <u>Type of Action</u> (Check One) | <u>Title</u> | Name | Address |
| 1) Change | $ \checkmark$ | Maite Iturralde | 150/1 SW 52 W |
| X Add | | | Miami . Fl. 33185 |
| Remove | | | |
| 2) Change | * | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | <u> </u> | | |
| Add | | | |
| Remove | | | ······ |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| б) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheet | | | | | |
|---|---------------------------------------|-----------------------------|---------------------------|-----------------------|---|
| N/A | | | | | |
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| If an amonducent much | · · · · · · · · · · · · · · · · · · · | | | | |
| If an amendment prov provisions for implem | ides for an exchange. | <u>, reclassification</u> , | <u>or cancellation of</u> | <u>issued shares,</u> | |
| (if not applicable, | indicate N/A) | <u>At a not containt</u> | d in the amending | | |
| 11 /A | | | | | |
| N/A | | | | | _ |
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The date of each amendment(s) adoption: _____, if other than the date this document was signed. 27/2022_ more than 90 days after amendment file date) 06/27 Effective date if applicable: 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) X 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) 06 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)

Typed or printed name of person signing)

Presider

Title of person signing