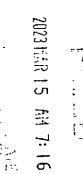
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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of 3/17/2023

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: AZTECA MEXIC	AN LEATHER GOODS, II	NC.	
DOCUMENT NUMI				
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	William M. Bustamante, Esq			
		Name of Contact Person	1	
		Firm/ Company		
	2655 S. Le Jeune Rd. Suite 5	31		
		Address		
	Coral Gables/Florida 33134			
		City/ State and Zip Code	2	
	William@bustamantelawgrou	ип сош		
		sed for future annual report	notification)	
		,	,	
For further informatio	n concerning this matter, pleas	se call:		
William Bustamante		at (973-7676	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
Ame Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2023 MAR 15 AM 7: 16

AZTECA MEXICAN LEATHER GOODS, INC.

(Name of Corporation	on as currently filed wit	h the Florida Dept. of State)	آني تي ايا ايا
P16000080663		10 A	· 1 \ 2 \ 2 \ E \ F L
(Docum	ent Number of Corporat	ion (if known)	
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	Statutes, this Florida Pr	rofit Corporation adopts the follo	wing amendment(s) (
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc." "chartered," "professional association," or the abbre	' or "Co". A professio		
3. Enter new principal office address, if applicable	<u></u>		
Principal office address <u>MUST BE A STREET ADD</u>	<u>ORESS</u>)		
	·		
			·
Enter new mailing address, if applicable:	17.		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
		<u> </u>	
). If amending the registered agent and/or register	ed office address in Flo	orida, enter the name of the	
new registered agent and/or the new registered			
Name of New Registered Agent			
	(Florida street address	7	
New Registered Office Address:		. Florida	
new negative office mores.	(City)		Zip Code)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	<u>istered Agent:</u> I am familiar with and a	ecept the obligations of the position	ЭН.
		, , , , , , , , , , , , , , , , , , , ,	
	A secondarion Barbara de	Annual (Pub must)	
Signo	ture of New Registered.	Agent, if changing	
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: XChange	<u>PT</u>	John Doe	
X Remove	\underline{V}	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	<u>s</u>	HEIDI BENITEZ	28905 SOUTH DIXIE HWY
Add			HOMESTEAD, FL 33033
X Remove			-
2) Change			<u> </u>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Romove			

Attach <i>uddi</i>	or adding addit tional sheets, if ne	ecessary). (Be specific)				
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f an amen	lment provides f	for an exchar	ige, reclassif	ication, or ca	incellation of	issued shares,	
provisions	for implementing	ng the amend	ment if not	contained in	the amendme	nt itself:	
(if not	applicable, indica	ate N/A)					
	<u></u>						
				<u> </u>			
						<u>-</u>	

date this document was signed. 12/23/2022 Effective date if applicable: (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. ☐ 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 (voting group) 12/23/2022 Dated____ Signature (By a director, president of 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) EMILIA GACITA (Typed or printed name of person signing) PRESIDENT

(Title of person signing)