## P17000011380

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Monique Catoggio	Inc.	· · · · · · · · · · · · · · · · · · ·			
DOCUMENT NUM	P17000011380					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.				
Please return all corre	spondence concerning this mat	ter to the following:				
	Monique Renée					
	Name of Contact Person					
	Fiercely Flowing					
		Firm/ Company				
	60 Hammond Dr					
	Address					
	Miami Springs, FL 33166					
	City/ State and Zip Code					
	mo@fiercelyflowing.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Monique Renée		at (	3217909			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	□\$43,75 Filing Fee & Certificate of Status	S43.75 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		Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

## Articles of Amendment to **Articles of Incorporation**

of

(Name of Company)			2ព2 <b>4</b>
	Clair de Clair De case Const		
	y filed with the Florida Dept. of State)	•	- 3
P17000011380		111-	ယ်
(Document Number of	f Corporation (if known)	-: -:	 :
ursuant to the provisions of section 607.1006, Florida Statutes, this as Articles of Incorporation:	Florida Profit Corporation adopts the fol	lowing ame	endm <b>e</b> nt(:
. If amending name, enter the new name of the corporation:			_
Monique Renée Inc.		The	
ame 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."	A professional corporation name must o	eviation "Ce	
Enter new principal office address, if applicable:	60 Hammond Dr		
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Miami Springs, FL. 33166		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	60 Hammond Dr		
	Miami Springs, FL. 33166		
	Miami Springs, FL. 33166	-	
	ress in Florida, enter the name of the		<del></del>
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	ress in Florida, enter the name of the		
O. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent  (Florida sin	reet address)		<del></del>
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	reet address)	3166	

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		<del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)	
		_
<del></del>		
	<del></del>	
<u>lf an ar</u>	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:	
provis	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)	
(9	apprenie, marcae (vii)	
		-

The date of each amendment(s) adop	otion:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will interest of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	ನಾ
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	2024 G.C.
	the amendment(s) was/were sufficient for approval	ن ا ا
by	(voting group)	= =
		en gran die Het
November 27 Dated	, 2024	ري د
Signature	menée	_
selected, t	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
N	Ionique Renée	
	(Typed or printed name of person signing)	
P	resident	
_	(Title of person signing)	<u>.                                    </u>