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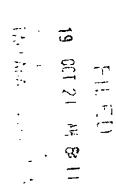
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(<i>p</i>	Address)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EL JARDIN DE L	AS ROSAS INC.		
DOCUMENT NUMB	P17000077814			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	RICARDO SUAREZ			
		Name of Contact	Person	1
	RICARDO A SUAREZ. CPA	A, PA		
		Firm/ Compa	any	_
	14353 COMMERCE WAY	-	-	
	·	Address		
	MIAMI LAKES, FL 33016			
		City/ State and Zi	ip Code	2
RICA	RDOSUAREZCPA@AOL.C	COM		
	E-mail address: (to be us		report	notification)
For further information	concerning this matter, pleas	se call:		
RICARDO SUAREZ		at (05	824-3686
Name o	of Contact Person	A	rea Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florid	a Depa	irtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Inhassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

EL JARDIN DE LAS ROSAS INC.

(Name	of Corporation as currently	filed with the Florida Dept. of S	tate)
P17000077814			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts t	the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
MAUSTERS INC.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	'o". A professional corporation i	" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		16225 NW 82 AVENUE	
		MIAMI LAKES, FL 33016	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		16225 NW 82 AVENUE	
(muning dualess male bl. at 1031)	OFFICE BOX	MIAMI LAKES, FL 33016	31 0
			2 9 T
D. If amending the registered agent an new registered agent and/or the new			the : : : : : : : : : : : : : : : : : : :
	GRACIELA TROTTI		
<u>Name of New Registered Agent</u>	16225 NW 82 AVENUE	· · · · · · · · · · · · · · · · · · ·	
	(Florida stre	et address)	 _
New Registered Office Address:	MIAMI LAKES	Flori	
	(City	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

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.

Mike Jones, V as Remove Example:	e, and Sal	ly Smith, SV as an Add.	
X Change	<u>PT</u>	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			
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
·	
- -	
	- Dation of issued shares
a acticione for implementing the all	change, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

OCTOBER 8, 2019
The date of each amendment(s) adoption:, 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 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 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
OCTOBER 8, 2019
Dated
\mathcal{L}_{α}
Signature 1000 Cicla MOFT (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)
GRACIELA TROTTI
(Typed or printed name of person signing)
REGISTER AGENT - Rep
(Title of person signing)