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TECHTORIAN.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TIENDA CULTURAL DE GUATEMALA IN FL. INC.
DOCUMENT NUMBER:	P17000098795
The enclosed Articles of Amendme	nt and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
	ANGELINA BOWLES
	Name of Contact Person
	TIENDA CULTURAL DE GUATEMALA IN FL. INC.
	Firm/ Company
	4515 PALM BEACH BLVD. STE. A
	Address
	FORT MYERS, FL 33905
	City/ State and Zip Code
	ANGBOWLES@GMAIL.COM
E-mail a	address: (to be used for future annual report notification)
For further information concerning ANGELINA BOWLES	this matter, please call:
Name of Contact Per	
Enclosed is a check for the followin	g amount made payable to the Florida Department of State:
	S Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on Amendment Section prations Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation

of

TIENDA CULTURAL DE GUATEMALA IN FL. INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P17000098795 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida 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.

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S \neq Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.$

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: 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			FACE 9
2) Change			L VON 6
Add			SST 22 -
Remove			
3)Change		_	<i>==</i> ∞
Add			10 32
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, of Attach additional sheets, if necessary). (Be		•			
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If an amendment provides for an exchange, provisions for implementing the amendme (if not applicable, indicate N/A)					
WE ARE REQUESTING TO CHANGE OU	R SHARES IN THE	FOLLOWING MA	NNER.		
JUANA, TOMAS FRANCISCO 70%					
JUAN, MATIAS JUAN 25%					•
JUAN, MATIAS JUAN 2370					
ANGELINA, BOWLES5%					

	11/13/2019	
The date of each amendment(date this document was signed.	s) adoption:	, if other than the
_	11/13/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date to Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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)	
	(voting group)	19
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder: () عربي المعالجة الم	FIL NOV 22
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
11/13 Dated	095/2019 	AMIO: S8
	θ_{D} .	
Signature, J	madine Bowles	
	y a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
ap	pointed fiduciary by that fiduciary)	
	ANGELINA BOWLES	
	(Typed or printed name of person signing)	
	TRE	
	(Title of person signing)	

. . .