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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:__

Name of Corporation

DOCUMENT NUMBER: <u>**P180000**</u> 41835

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

Please return all correspondence concerning this matter to the following:

MABEI Romaniuk Name of Contact Person Mabel Romaniuk 2 Associates PA Firm/Company 1689 NE 123 ST Address North MiAmi F1 33181 City/State and Zip Code

Mabelromoniuko Bellsouth. net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Name of Contact Person</u> at <u>305</u> 893 2669

Enclosed is a check for the following amount:

□ \$35.00 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status

□ \$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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A	to		20
	rticles of Incorporation		1
	of		·: کې .
ZA	RIAND COR	P	، ھن
	as currently filed with the Fle	rida Dent of State)	<u> </u>
·····			بن
P18000041835			
ant to the provisions of section 607.1006, Florida St ticles of Incorporation:	nt Number of Corporation (if know		
amending name, enter the new name of the corp	oration:		
"" "Inc.," or Co., " or the designation "Corp." " "chartered," "professional association," or the abb ter new principal office address, if applicable: and office address <u>MUST BE A STREET ADDRE</u>	TOVILLION P.A.		
ter new mailing address, if applicable: alling address <u>MAY BE A POST OFFICE BOX</u>)			
nending the registered agent and/or registered of registered agent and/or the new registered office	ffice address in Florids, enter	the name of the	
Name of New Registered Agent			
(F	Torida street address)		
New Registered Office Address:		, Florida	<u> </u>
New Registered Office Address:	(City)		
New Registered Office Address:	(City)	(Zip	Code)
New Registered Office Address.		(Δp	Code)

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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)

6)

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:

X Change	<u>PT</u>	John Doc		
X Remove	<u>₹</u> :	Mike Jones		
<u>X</u> Add	<u>\$</u> ¥ ·	Sally Smith		
<u>Type of Action</u> (Check One)	Title	Name	Address	
1) Change	VP	MATIAS A.	(ACERES 1525 NE 1397	ℎℐℾ
X Add			HORTH MiAMI	- F133161
2) Change				-
Remove				-
Add				
4) Change Add	i			
Remove				
5) Change				
Remove			·	
5) Change Add		·		
Remove				

1.6.6	
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R. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

F. If an amondment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amondment if not contained in the amondment itself; (if not applicable, indicate N/A)

date this document w	endment(s) adoption: 1/1/2020
Effective date <u>if app</u>	
	(no more than 90 days after amendment file date)
Note: If the date inse document's effective (rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the applicable statutory filing requirements, this date will not be listed as the state on the Department of State's records.
Adoption of Amendm	ent(s) (<u>CHECK ONE</u>)
The amendment(s) by the shareholders	vas/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
The amendment(s) w must be separately	res/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number c	f votes cast for the amendment(s) was/were sufficient for approval
"The number of the second s	f votes cast for the amendment(s) was/were sufficient for approval
by	f votes cast for the amendment(s) was/were sufficient for approval (voting group)
by The amendment(s) was not require	f votes cast for the amendment(s) was/were sufficient for approval (voting group) as/were adopted by the board of directors without shareholder action and shareholder d.
The number of by The amendment(s) we action was not require The amendment(s) we action was not require	f votes cast for the amendment(s) was/were sufficient for approval (voting group)
The number of by The amendment(s) we action was not require The amendment(s) we action was not require	f votes cast for the amendment(s) was/were sufficient for approval (voting group) as/were adopted by the board of directors without shareholder action and shareholder d. s/were adopted by the incorporators without shareholder action and shareholder $\frac{1/1/2020}{1000}$
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The number of by The amendment(s) we action was not require The amendment(s) we action was not require Dated_	f votes cast for the amendment(s) was/were sufficient for approval (voting group) as/were adopted by the board of directors without shareholder action and shareholder d. s/were adopted by the incorporators without shareholder action and shareholder $\frac{1/1/2020}{20}$ e