

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : MIAMI BUSINESS SOLUTIONS, INC.
Account Number : I20170000045
Phone : (786)546-4490
Fax Number : (800)323-1074

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: eduardo_macias@hotmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
HAPPY KIDS PPEC FOUNDATION, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2020 MAY 27 PM 1:57

2020 MAY 27 AM 9:58
RECEIVED
FALL APPEAL 10910



May 26, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HAPPY KIDS PPEC FOUNDATION, CORP.
4756 NW 167TH STREET
MIAMI GARDENS, FL 33014

SUBJECT: HAPPY KIDS PPEC FOUNDATION, CORP.
REF: P18000084215

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000153273
Letter Number: 120A00010414

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HAPPY KIDS PPEC FOUNDATION CORP

DOCUMENT NUMBER: P18000084215

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO MIRALLES

Name of Contact Person

MIAMI BUSINESS SOLUTIONS INC

Firm/ Company

1651 SANDY SPRINGS DR

Address

FLEMING ISLE, FL 32003

City/ State and Zip Code

EDUARDO_MIRALLES@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO MIRALLES

at (786) 546-4490

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

HAPPY KIDS FPCC FOUNDATION CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P1800084215

(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:

The new 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 CARLOS M MACIAS

(Florida street address)

New Registered Office Address 4756 NW 167TH STREET, MIAMI GARDENS Florida 33014
(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 this position.

carlos Maikel Macias x [Signature] 05/21/20
Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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TALLAHASSEE, FLORIDA

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	YAMEL RODRIGUEZ ARNP	4756 NW 167TH STREET
<input type="checkbox"/> Add			MIAMI GARDENS, FL 33014
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	PSD	CARLOS M MACIAS	4756 NW 167TH STREET
<input type="checkbox"/> Add			MIAMI GARDENS, FL 33014
<input type="checkbox"/> Remove			4756 NW 167TH STREET
3) <input checked="" type="checkbox"/> Change	VPTD	LAZARO CARRET	MIAMI GARDENS, FL 33014
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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STATE OF FLORIDA
DEPARTMENT OF STATE

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

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

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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 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
by _____"
(voting group)

Dated MAY 21, 2020

Former President: _____ President: Carlos
Signature _____
(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)

YAMEL RODRIGUEZ / CARLOS HAikel Marias
(Typed or printed name of person signing)
Former-President (President)
(Title of person signing)

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MAY 27 2020

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