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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103

Phone

: (786)615-3057

Fax Number

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **DUBAJ JEWELRY INC**

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Articles of Amendment Articles of Incorporation

| DUBAI JEWELRY INC | | | | | |
|--|---|---|-------------------------------------|--------------|------------------------|
| (Name of Corpor | ation as current | ly filed with the Flor | da Dept, of Stat | te) | |
| P18000084628 | | | | _ | |
| (Doc | ument Number o | f Corporation (if know | vn) | | |
| Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation: | ida Statutes, this | Florida Profit Corpoi | ration adopts the | following am | endment(s |
| A. If amending name, enter the new name of the | corporation: | | | | |
| name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb | | company," or "incorpor professional corpor | orated" or the ab ation name mus | _ | new Torp.," word |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD | <u>le:</u> DRESS) | | | | _ |
| | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>QX</u>) | | <u> </u> | | 20 |
| | | | | | 22 DEC |
| If amending the registered agent and/or registered new registered agent and/or the new registered | red office addre | ess in Florida, enter t | he name of the | <u>.</u> | - |
| Name of New Registered Agent | office address: | | | · , | AM 8: |
| | (Florida stree | U address) | | · · | <u>-</u> |
| New Registered Office Address: | | (iny) | Florida_ | ····· | |
| | γ. | .10)) | | (Zip Code) | |
| ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent. | <u>dstered Agent:</u> I am familiar wh | th and accept the oblig | gations of the pos | ition. | |
| Signa | iture of New Reg | istered Agent, if chang | eing | | |
| hack if analisable | _ | 3 . 32 | . - | | |

☐ 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 = Chalman or Clerk; CEO = Chlef Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held

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 | PT | John Doe | |
|-------------------------------|-----------|-----------------------|-------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>v2</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | PT | MATILDE BAUTE BASULTO | 4201 SW 150TH AVE |
| Add | | | MIAMI, FL 33185 |
| XX Remove | | • | |
| 2) Change | PT | RACHEL CHIRINO | 8249 SW 40TH ST |
| _XX_Add | | | MIAMI, FL 33155 |
| Remove Change | | . | |
| Add | | | |
| Remove | | | |
| 4) Change | | - | 2[122 |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | <u></u> |
| ර) Change | | | |
| Add | | | |
| Remove | | | |

| amending or adding additional Artitach additional sheets, if necessary). | (Be specific) | |
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| amendment neovides for an archen | no marke 16 at | |
| | ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | | 2 |
| | | 2022 |
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| The date of each amendment(s) adoption: date this document was signed. | ا حداده ا | at ar |
|--|---------------|----------|
| ne | , if other t | man the |
| (no more than 90 days after amendment file date) | | |
| (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 document's effective date on the Department of State's records. | not be listed | i as the |
| Adoption of Amendment(s) (CHECK ONE) | | |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required. | hareholder | |
| ☐ 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 | | |
| by (voting group) | | |
| Dated 12/14/2022 | | |
| Signature Leaf ap | | |
| (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) | | |
| RACHEL CHIRINO | | |
| (Typed or printed name of person signing) | | |
| PRESIDENT | 202 | |
| (Title of person signing) | 1027 DEC | • |
| | 14 | -, |
| | 8 | |