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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	COOKINAT INC	: 	<u> </u>		
DOCUMENT NUMBER:	P18000087962				
The enclosed Articles of Amena	ment and fee are su	bmitted for filing.			
Please return all correspondence	concerning this man	tter to the following:			
	A	GUSTIN ROIG - PRI	ESIDEN	T	
		Name of Contact	Person		
	COOKINAT INC				
		Firm/ Compa	ıny		
	633 S R	DYAL POINCIANA B	BLVD AF	PT 103	_
		Address			
		MIAMI SPRINGS F		5	
		City/ State and Zip	p Code		
		roigagustin@me	.com		
E-ma	iil address: (to be us	ed for future annual t	report no	otification)	
For further information concerni	- '	. 7	⁷ 86	, 854 0364	
Name of Contact		"'\		& Daytime Telephone Num	ber
Enclosed is a check for the follo					
	3.75 Filing Fee & rtificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)		☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addr Amendment S			Street A		
Division of Co			Amendment Section Division of Corporations		
P.O. Box 632		C	Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle			
		T	i allahass	ee, FL 32301	

Articles of Amendment to Articles of Incorporation of

COOKINAT INC

(Name of Corporation as cu	rrently filed with the Florida Dept. of	<u>(State</u>)			
P18	3000087962				
(Document Nun	nber of Corporation (if known)				
ursuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation:	s, this Florida Profit Corporation adop	ts the following amendment(s)			
. If amending name, enter the new name of the corporation NON-APPLICABLE	on:	The new			
ame must be distinguishable and contain the word "corp Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbrevia	" or "Co". A professional corporation	ed" or the abbreviation			
. Enter new principal office address, if applicable:	633 S ROYAL POINCIANA	633 S ROYAL POINCIANA BLVD APT 103			
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI SPRINGS FL	. 33166			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	633 S ROYAL POINCIANA	BLVD:APT 1035			
(MIAMI SPRINGS FL	MIAMI SPRINGS FL 33166			
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ag 		of the			
new registered agent and/or the new registered office ac		. 08 			
Name of New Registered Agent 633 S ROYAL POL	AGUSTIN ROIG NCIANA BLVD APT 103	; · · · · · · · · · · · · · · · · · · ·			
0555 KOTALTOI	INCIANA BEVE ALT 105				
W					
	rida street address)	33166			
(Flor MIAMI SPRINGS New Registered Office Address:		33166 orida			

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: 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) 1) Change Add	<u>Title</u> V	Name MARTIN RAFAEL GONZALEZ	Address 2451 BRICKELLAV APT 16H MIAMI FL 33129
X Remove			
2) Change Add Remove	<u></u>		
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). NON- APPLICABLE	(Be specific)
•	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) NON-APPLICABLE	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed. JUNE 18, 2019	
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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
bv	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. JUNE 18, 2019 Dated Signature (By a director, president or other officer – if directors or officers have not be	en
selected, by an incorporator – if in the hands of a receiver, trustee, or other c appointed fiduciary by that fiduciary) AGUSTIN ROIG	ourt
(Typed or printed name of person signing) PRESIDENT	
(Title of person signing)	