## P19000007593

(Re	questor's Name)	<del> </del>
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SEURELL PM 12: 09

RWHITE 02/25/2019

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	MARIACA CP CO	RP	<u> </u>
	00007593		
The enclosed Articles of Amendm	ent and fee are sub	mitted for filing.	
Please return all correspondence c	oncerning this matt	er to the following:	
BERES AT	NDERSON SOLO		
		Name of Contact Person	
MARIACA	A CP CORP		<u> </u>
		Firm/ Company	
1495 NE I	67ST APT 320		
		Address	
NORTH M	KIAMI BEACH, FI	33162	=
	<del></del>	City/ State and Zip Code	
INFO@JCBSOL	.UTIONSINC.CO!	М	
E-mai	l address: (to be us	ed for future annual report	notification)
For further information concerning			、553-3946
		at ( 954	de & Daytime Telephone Number
Name of Contact	Person	Area Co	de de Dayinne Telephone Temper
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	riment of State:
	3.75 Filing Fee & tificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tailahassee, F	ection rporations	Ameno Divisio Cliftor 2661 F	Address iment Section on of Corporations a Building Executive Center Circle assec, FL 32301

## FILED

## Articles of Amendment to Articles of Incorporation of

MARIACA CP CORP

2019 FEB 19 PM 12: 09
SECREDARY SEE, FL

(Name of Corporation as c	currently filed with the Florida Dept. of State)
P19000007593	·
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpora	tion:
	The new
name must be distinguishable and contain the word "co- "Corp.," "Inc.," or Co.," or the designation "Corp.," "In word "chartered." "professional association," or the abbre	rporation." "company," or "incorporated" or the abbreviation ic." or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agen:	
	Florida street address)
	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:
Thereby accept the appointment as registered agent. 1 am	familiar with and accept the onligations of the position.
Signature	e 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, ar 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 = ChiExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
i) Change	P	BERES A. SOLORZANO	1495 NE 167ST
Add			APT 320
X Remove			North Miami Beach, FL 33162
2) Change	P	BERES, ANDERSON SOLORZANO	1495 NE 167ST
X Add			APT 320
Remove			North Miami Beach, FL 33162
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Chauge			
Add			<u> </u>
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	endment it not contained in the amendment aser.
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other than th
date this document was signed.
2/1/2019
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 date will not be listed as th 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 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
hu:
by
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
2/1:2019 Dated
(Hy a director/resident dr other officer – if directors or officers have not been
selected, by an facorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
BERES, ANDERSON SOLORZANO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)