# P190000 25203

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# **COVER LETTER**

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HARYCIA CORP	ORATION		
DOCUMENT NUM	P19000025203			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	RODRIGO NAHABETIAN			
Name of Contact Person				
	DARMEN USA CORP			
Firm/ Company				
	470 ANSIN BLVD STE K			
Address				
	HALLANDALE, FL 33009			
		City/ State and Zip Cod	ů	
INFO	@DARMENUSA.COM			
	E-mail address; (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
RODRIGO NAHABETIAN		786 at (	290-3660	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Innent Section on of Corporations Building Executive Center Circle assee, FL 32301	

### Articles of Amendment to Articles of Incorporation of

### HARYCIA CORPORATION

(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000025203	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
N/A	The nev
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
D. Enter new aging including address if applicable.	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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 office address:  new registered agent and/or the new registered office address:	
Name of New Registered Agent	N/A
(Florida stre	et address)
New Registered Office Address:	, Florida
(	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w    New Registered Agent   Signature of N	ith and accept the obligations of the position.
•	3
	706 706

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and ti	țle, na
address of each Officer and/or Director being added:	I .

(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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of eached. 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. 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

## Example: X Change PT John Doe X Remove V Mike Jones SV<u>X</u> Add Sally Smith Type of Action Title Name Address (Check One) VΡ 470 ANSIN BLVD STE K FACUNDO RIGGI 1) \_\_\_\_ Change HALLANDALE, FL 33009 Add US Remove D HECTOR RIGGI 470 ANSIN BLVD STE K 2) \_\_\_\_ Change HALLANDALE, FL 33009 \_\_\_\_ Add US Remove D RAFAELA CANARO 470 ANSIN BLVD STE K 3) \_\_\_\_ Change HALLANDALE, FL 33009 \_\_\_\_ Add US Remove 4) \_\_\_\_ Change \_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_ Add \_ Remove 6) \_\_\_\_ Change \_\_ Add \_\_ Remove

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an amendment provides for an exchang	ge, reclassification, or cancellation of issued shares,	
provisions for implementing the amendo	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
provisions for implementing the amenda	ment if not contained in the amendment itself:	
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provisions for implementing the amendo	ment if not contained in the amendment itself:	
f an amendment provides for an exchange provisions for implementing the amendment (if not applicable, indicate N/A)	ment if not contained in the amendment itself:	

The date of each amendment(s) adoption:, if oth date this document was signed.	her
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 I document's effective date on the Department of State's records.	liste
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	
by"	
(voting group)	
☐ 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.	
9/19/2019	
Dated	
(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)	
HECTOR A RIGGI	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_