P19000041926

| (Requestor's Name) |
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SECRE VALASSES, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPO | ORATION: BEBECITOSENLI | NEA CORP. | | |
|-------------------------|--|--|--|---|
| DOCUMENT NUM | IBER: P19000041926 | | | |
| | s of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | espondence concerning this ma | tter to the following: | | |
| | WILVER R AVALO PEREZ | | | |
| | | Name of Contact Person | <u> </u> | |
| | BEBECITOSENLINEA COP | RP. | | |
| | | Firm/ Company | | |
| | 1840 W 49TH ST SUITE 712 | 2 | | |
| | · · · · · | Address | ·· ·- | |
| | HIALEAH, FL. 33012 | | | |
| | | City/ State and Zip Code | ? | |
| | amgtaxservices@yahoo.com. | mx | | |
| | E-mail address: (to be us | ed for future annual report | notification) | · c 2 |
| For further information | on concerning this matter, pleas | se call: | | 2023 HAY 17 PH 2: 36 SECRETARY OF STAT |
| Wilmer R Avalos | | 786 at (| 3825831 | |
| Name | of Contact Person | Area Coo | de & Daytime Telephone Number | |
| Enclosed is a check f | or the following amount made | payable to the Florida Depa | artment of State: | MAY 17 PH 2: 36 DRETARY OF STATE ALLAHASSEE, FL |
| 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) | , , |
| An | ailing Address nendment Section vision of Corporations | Amend | Address ment Section n of Corporations | |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| P | Γ | R | \mathbf{F} | C_{i} | IΤC | 75 | Γ | VΙ | ī | N | F 3 | . 1 | $^{\sim}$ | Ar. | D |
|---|---|---|--------------|---------|-----|----|----------|----|---|---|-----|-----|-----------|-----|---|
| | | | | | | | | | | | | | | | |

| P19000041926 | Corporation as currently | y filed with the Florida Dept. of State) | | |
|--|-----------------------------|--|----------------------------------|--------------|
| | | | | |
| | (Document Number of | Corporation (if known) | | - |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation: | 006, Florida Statutes, this | Florida Profit Corporation adopts the folio | owing ame | ndment(s) to |
| A. If amending name, enter the new nan | ne of the corporation: | | | |
| name must be distinguishable and contain the "Inc" or Co.," or the designation "Con" chartered," "professional association," o | rp," "Inc," or "Co". A | ompany," or "incorporated" or the abbre professional corporation name must co | The viation "Co ontain the | rp., " |
| B. Enter new principal office address, if | applicable: | 1840 W 49TH ST | | |
| (Principal office address MUST BE A STI | | SUITE 712 | | |
| | | HIALEAH, FL. 33012 | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 1840 W 19TH ST | | |
| | | SUITE 712 | | |
| | | HIALEAH, FL. 33012 | SEC T | 2623 |
| D. If amending the registered agent and new registered agent and/or the new | | | CKETAKT OF | 1 1 MAY 17 |
| Name of New Registered Agent | ALFONSO GUTIERREZ | | 1.01.0 1.01.0 | 7 PM |
| | 2474 W 72ND ST | | | ∓ . |
| - | (Florida str | et address) | | မေ တ |
| Ţ.: | IIALEAH | . Florida | 16 m | |
| New Registered Office Address: | | (City) | (Zip Code) | |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 = 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 | n Doe | |
|-------------------------------|-----------------------|-------------------|------------------|
| X Remove | <u>V</u> <u>Mik</u> | re Jones | |
| X Add | <u>SV</u> <u>Sall</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | SECRET | ALFONSO GUTIERREZ | 2474 W 72ND ST |
| X Add | | | HIALEAH FL 33016 |
| Remove | | | SECT 7. |
| 2) Change | | | <u> </u> |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | 36 ATE |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | _ |
| Add | | | |
| Remove | | | |

: !!!

| The date of each amendme | 05/15/2023 nt(s) adoption: | , if other than th |
|--|--|---|
| date this document was signe | ed. | _, |
| Effective date if applicable | 05/15/2023 | |
| meenve date <u>ii uppmeume</u> | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, this date will the Department of State's records. | not be listed as th |
| Adoption of Amendment(s | (CHECK ONE) | |
| The amendment(s) was/w action was not required. | ere adopted by the incorporators, or board of directors without shareholder action and s | shareholder |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. | |
| | ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s): | |
| "The number of vot | es cast for the amendment(s) was/were sufficient for approval | |
| by | | |
| · · · · · · · · · · · · · · · · · · · | (voting group) | |
| 05/1 | 5/2023 | |
| Dated | 0.04 | |
| | 347) | |
| 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) | |
| | WILVER R AVALO PEREZ | |
| | (Typed or printed name of person signing) | |
| | VICE PRESIDENT | 20 SE |
| | (Title of person signing) | 2023 MAY 17 PH 2: 36 SECRETARY OF STATE TALLAHASSEE, FI |
| | | 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - |
| | | Y 17 PH 2: 36 TARY OF STATE |
| | | 開州 呈 |
| | | 7. S. |
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