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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DULCE DE LECH	E LA ABUELITA CORP	
DOCUMENT NUMI	BER: P20000011757		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	WILDER MORALES PELAI	EZ	
		Name of Contact Person	
		Firm/ Company	
	1950 W 63 RD ST		
		Address	
	HIALEAH, FL 33012		
		City/ State and Zip Code	
	WILDER10.WM@GMAIL.C		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
WILDER MORALES	S PELAEZ	at (725-1056
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

DULCE DE LECHE LA ABUELITA CORP

2021 NOV 29 PM 12: 54

(Name o	f Corporation as current	y filed with the Florida Dep	TALLAHASSEE, FLIGHT
P20000011757			TALLAHASSEE, FLIAT
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A		_	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	'orp." "Inc," or "Co"	A professional corporation	" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S	if_applicable:	1950 W 63 RD ST HIAL	EAH, FL 33012
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	<u>cable:</u> OFFICE BOX)	950 W 63 RD ST HIALF	EAH. FL 33012
D. If amending the registered agent ar new registered agent and/or the new	id/or registered office add w registered office addres	lress in Florida, enter the n	ame of the
Name of New Registered Agent	WILDER MORALES PE		
	1950 W 63RD ST		
	(Florida s	treet address)	
New Registered Office Address:	HIALEAH		, Florida
New Registered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as regis	hanging Registered Agen tered agent. I am familiar	i <u>t:</u> with and accept the obligation	ons of the position.
	do		
	Signatur e of New	Registered Agent, if changing	7
Check if applicable ☐ The amendment(s) is/are being filed p	oursuant 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 = 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	MILEYDI REINALDO ESCOBAR	501 E 13 STHIALEAH, FL 33010
Add			
X Remove 2) Change	PD	WILDER MORALES PELAEZ	1950 W 63 RD ST HIALEAH
X Add			FL 33012
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

.

The date of each amendment(s)	doption:, if other than t
date this document was signed.	
10/ Effective date <u>if applicable</u> :	7/2021
Effective date in applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	lock does not meet the applicable statutory filing requirements, this date will not be listed as a partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
☐ The amendment(s) was/were a must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
10/27/20	
Dated	
Signature	
(By a selec	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	MILEYDI REINALDO ESCOBAR
	(Typed or printed name of person signing)
	PD
	(Title of person signing)