## P20 000025824

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	<del></del>
(City/S	State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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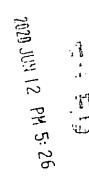


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	CENTRALIZED I  RATION:  P20000025824	EXPORTS INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Gian Gordon-Whyte		
	Name of Contact Person Gian Gordon-Whyte CPA, LLC		
	l Aeropost Way	Firm/ Company	
	Miami, FL 33206	Address	
	City/ State and Zip Code		
	giangordonwhytecpa@gmai	Leom	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Gian Gordon-Whyte		954 at (	919-3303
Name	of Contact Person		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		Amend 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

CENTRALIZED EXPORTS INC

(Name of Cornoration	as currently filed with the I	Florida Dept. of State)	
P20000025824	wo currently they were the	Torrace y	
(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	itatutes, this Florida Profit Co	prporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corr	poration:		
			The new
name must be distinguishable and contain the word "corp" Inc.," or Co., " or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A professional co		ion "Corp.," uin the word
B. Enter new principal office address, if applicable:			. 7621
(Principal office address MUST BE A STREET ADDR	<u>RESS</u> )		: <u>;</u> 7
			2021 JUN 12 PH 5:126
			· ~ 18
C. Enter was 20 and days 25 and balls			P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	)		سن بي
			26
	<del> </del>	<del></del>	
D. If amonding the registered agent and/or registeres	d office address in Florida s	intou the name of the	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		mer the name of the	
No. CM. D. L. L.			
Name of New Registered Agent		• • • • • • • • • • • • • • • • • • • •	_
	(Florida street address)		
New Registered Office Address:		, Florida	<del></del>
	(City)	(Zi <sub>l</sub>	o Code)
N. B. C. J. G. C. M. J. S. J.			
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the second of the second		he obligations of the position	<b>.</b>
	j		
Signati	ure of New Registered Agent,	if changing	
Check if applicable			
It is			

☐ The amendment(s) is/are being filed pursuant 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u> D	<u>Name</u> AMANDA HANNA-GAREL	Address 1 AEROPOST WAY KIN 20742
1) Change X Add	<del></del>		MIAMI, FL 33206
Remove 2) Change Add		_	
Remove 3) Remove Add			
Remove 4) Change Add			
Remove 5) Change Add		<del></del>	
Remove 6) Change Add Remove			

Ŀ.	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
,	Attach additional sneets, if necessary). (Be specific)
_	
_	
_	
_	
_	
_	
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)
	(i) not appreciate, material total
_	
_	

	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> :	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient f	or approval
by	
(voting group)	
Signature  (By a director, president or other officer – if director selected, by an incorporator – if in the hands of a r	
appointed fiduciary by that fiduciary)	
MaHhew Care (Typed or printed name of person	
(Typed or printed name of person	on signing)
President	
(Title of person signing)	