

Division of Corporations

5/1/20 2:29 p. m.

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : AMEAR DIAZ, P.A.  
Account Number : I20110000016  
Phone : (305)476-8100  
Fax Number : (305)422-6222

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: C.MANRIQUE@CARIBESI.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CUBA ENVIA INC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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May 5, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CUBA ENVIA INC  
315 83 TH ST A 21  
MIAMI, FL 33141US

SUBJECT: CUBA ENVIA INC  
REF: P20000027444

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000128740  
Letter Number: 320A00009206

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CUBA ENVIA INC

DOCUMENT NUMBER: P20000027444

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIO MANRIQUE  
Name of Contact Person

CUBA ENVIA INC  
Firm/ Company

4000 PALM AVENUE  
Address

HALEAH, FL 33012  
City/ State and Zip Code

cmanrique@caribesi.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIO MANRIQUE at (786) 473 6673  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee  
Certificate of Status Certified Copy Certificate of Status  
(Additional copy is enclosed) (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee Tallahassee,  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation of

CUBA ENVIA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P200000127444

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

4000 PALM AVENUE

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH, FL 33012

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

4000 PALM AVENUE

HIALEAH, FL 33012

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

4000 PALM AVENUE

(Florida street address)

New Registered Office Address:

HIALEAH

(City)

Florida 33012

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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 PT 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:

☒ Change      PT      John Doe  
  
☒ Remove      V      Mike Jones  
  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	P	CLAUDIO MANRIQUE	4000 PALM AVENUE
<input type="checkbox"/> Add			HALEAH, FL 33012
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	D	ADRIANA MARCELA CORTES	4000 PALM AVENUE
<input checked="" type="checkbox"/> Add			HALEAH, FL 33012
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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**E. If amending or adding additional Articles, enter change(s) here:** (Attach additional sheets, if necessary). (Be specific)

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**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)*

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 the 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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated 05/01/2020

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)

CLAUDIO MANRIQUE  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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