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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033

Phone : (305)644-3055 Fax Number : (305)644-3052

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PALETAS LOVERS, CORP

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Help

TO: Amendment Section

Division of Corporations

COVER LETTER

	PALETAS LOVER	RS CORP		
NAME OF CO	RPORATION:			
	ticles of Amendment and fee are su	bmitted for filing.		
Please return all	correspondence concerning this ma	tter to the following:	•	
ENNA DIEPPA				
		Name of Contact Person		
	KRISJOENNA SERVICES I	NC		
		Firm/ Company		
	2141 SW 1 ST			
		Address		
	MIAMI FLORIDA, 33135			
		City/ State and Zip Code	•	
	KRISJOENNA@YAHOO.C	OM		
	E-mail address: (to be used for future annual report notification)			
For further infor	mation concerning this matter, pleas	se call:		
ENNA DIEPPA		7864997132 at (·)	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a ch	eck for the following amount made	payable to the Florida Depa	ertment of State:	
■ \$35 Filing F	Fee S43.75 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 Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

PA	T 1	FΤ	ΔC	1	Ω	J C	DΟ	C	ΛÞ	D
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PALETAS LOVERS CORP	2920 Jürl 16 - Art 9: 22
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P20000041864	1
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
PALETA LOVERS CORP	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". , "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	26015 S DIXIE HWY, NARANJA FL 33032
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	26015 S DIXIE HWY, NARAJA FL 33032
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida str	reel address)
New Registered Office Address:	Florida
	(City) (Zip Code)
Non Designatured Accepts Circums if should be Barish of Accept	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	
Co. at CV F	Desired to the Colorest
Signature of New R	Registered Agent, if changing
Check if applicable	
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 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	VP	ELIZABETH ZUNIGA	25351 SW 121 AV
X Add			HOMESTEAD, FL 33032
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

	2020 JUN 16 AN 9: 22
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mendment provides for an exchange, reclassifions for implementing the amendment if not foot applicable, indicate N/A)	fication, or cancellation of issued shares, contained in the amendment itself:

Jun. 15. 2020 5:25PM		No. 3335 P. 8
The date of each amendment is it is this document was signed.		, if other than the
•	06/15/2020	
	(no more than 90 days after at	mendment file date) Ali 9: 22
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory ne 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/wer action was not required.	e adopted by the incorporators, or board of direct	tors without shareholder action and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of vertee sufficient for approval.	otes cast for the amendment(s)
	e approved by the shareholders through voting g d for each voting group entitled to vote separates	
"The number of votes	cast for the amendment(s) was/were sufficient for	or approva!
by	(voting group)	
Dated Signature <u>~~</u> (B	y a director, president or other officer - if directo	
	lected, by an incorporator – if in the hands of a repointed fiduciary by that fiduciary)	eceiver, trustee, or other court
	(Typed or printed name of person	on signing)
	Loquiel Afaro	
	(Title of person signifie)	