P200000 42126

(Re	equestor's Name)	
(Ac	ddress)	
(Àc	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300347274353

07/07/20--01019--023 ★•35.00

RECEIVED
JUL 0 6 2020

2020 . 5 FEIZ: 36

- Micha

AUG 18 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Smooth	ue Spot Pine	errest Inc.
DOCUMENT NUMBER: P200004	· ·	, , , , , , , , , , , , , , , , , , , ,
The enclosed Articles of Amendment and fee are sub-		
Please return all correspondence concerning this matter	er to the following:	
	VC.90- C70N7 Name of Contact Person	
Law office o	of Cynthia R Firm Company	vega PLLC
	131 Ave Address	
	FL 33175 City/ State and Zip Code	,
E-mail address: (to be use	yntnia vega	law. net
For further information concerning this matter, please	eall:	
Cynthia Vega-Gonzalez Name of Contact Person	at (305	570-0551
Enclosed is a check for the following amount made pa		
S35 Filing Fee	□\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

		111			
_	\circ		,	1	_

Smoothie Spot Pinecre	ist, Inc.
	ly filed with the Florida Dept. of State)
(Document Number of	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) to
A. If amending name, enter the new name of the corporation:	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:	1801 NE 123 St. Bay 3
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	North Miami, FL 33181
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1801 NE 123 St. Bay 3 North Miami, FL 33181
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	
Same of Sea Regimera Agent	2020
(Florida st	reet address)
New Registered Office Address: N	. Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar New Registered Agent's Signature, if changing Registered Agent I am familiar	tCity) (Zip Code) (Zip Code)
Signature of New F	vegisierea Ageni, ij enanging

Check if applicable

 \square 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name A	<u>Addres</u> s
1) Change		NA	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary),	ticles, enter change (Be specific)			
NA	1 2			
				
		· · ·		
		-		
				-
			·	
		· ·		
				** *
If an amondment areaider for an area	haram mala sifi and		P. t	
If an amendment provides for an exc provisions for implementing the am	endment if not cont	ained in the amend	iment itself:	
(if not applicable, indicate N/A)				
N/A				
. (
				

The date of each amendment(s) as date this document was signed.	loption:, if other
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be list partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholde
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
hy	(voting group)
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Cynthia Vega-Gonzalez, Esq. (Typed or printed name of person signing)
	Authorized Representative Allyin-