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10/25/23--01005--014 **52.50

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	CrystalRags RATION:		
DOCUMENT NUMI	BER: <u>P2 0000042 6</u>	98	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Alexandra Cueto		
	CrystalRags	Name of Contact Person	1)
	424 Castania Ave	Firm/ Company	
	Coral Gables, FL, 33146	Address	
	alexandracueto0@gmail.com E-mail address: (to be us	City/ State and Zip Cod	
For further informatio	n concerning this matter, pleas	e call:	
Alexandra Cueto		305 at (7739285 _)
Name	of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Dep	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ank Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

CrystalRags

Check if applicable

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

(Name of Corporation as currently filed with the Florida Dept. of State) P20000042698 · (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: 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: 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

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.

X Change	<u>PT</u> <u>Je</u>	ohn Doc	
X Remove	<u>v</u> <u>N</u>	<u> Aike Jones</u>	
_X Add	<u>sv</u> s	ally Smith	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One) X 1) Change	CEO	Alexandra Cueto	424 Castania Ave, Coral Gables FL, 33146
Add			
Remove X 2) Change	COO	Lourdes Cueto	424 Castarna Ave, Coral Gables, FL. 33146
Add			
Remove Change	P	Raquel Cucto	424 Castania Ave, Coral Gables, FL, 33146
Add			1
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary)	rticles, enter change(s) here:). (Be specific)	
		•
		<u> </u>
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rovicione for implementing the or	change, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	nendment is not contained in the amengment men	
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	10/18/23	
The date of each amendment(s) adoptic	on:	, if other than th
date this document was signed. 10/18/23		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will nent of State's records.	ot be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted laction was not required.	by the incorporators, or board of directors without shareholder action and sh	nareholder
	by the shareholders. The number of votes east for the amendment(s)	
by the shareholders was/were sufficie	nt for approval.	
The amendment(s) was/were approved	nt for approval. I by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
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