## P200000 44046

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations NAME OF CORPORATION: \_\_ CHARMING TREASURES & MORE, CORP. DOCUMENT NUMBER: P20000044046 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MADELIN DE NACIMIENTO DIAZ Name of Contact Person CHARMING TREASURES & MORE, CORP. Firm/ Company 1108 NE 36th TER Address CAPE CORAL, FL 33909 City/ State and Zip Code MADELINCTO@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MADELIN DE NACIMIENTO DIAZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## Articles of Amendment to Articles of Incorporation of

CHARMING TREASURES & MORE CORP

(Name of Corporation as cur	rently filed with the Florid	a Dept. of State)
P20000044046		
(Document Num	ber of Corporation (if known	1)
Pursuant to the provisions of section 607,1006, Florida Statutes, ts Articles of Incorporation:	, this <i>Florida Profit Corpora</i>	etion adopts the following amendment(s)
A. If amending name, enter the new name of the corporatio	<u>:n:</u>	
SALSA QUEEN, 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 ".	". A professional corpora	rated" or the abbreviation *****Corp.," tion name must contain the word
3. Enter new principal office address, if applicable:	N/A	23
Principal office address MUST BE A STREET ADDRESS )		P1: 12: 04
		12:
		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
<ol> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office ade</li> </ol>		he name of the
N/A	<del></del>	
Name of New Registered Agent		
(E1a)	da street address)	
(FROID	aa sireet aaaressi	
New Registered Office Address:	(City)	, Florida Zip Code)
	•	,
New Registered Agent's Signature, if changing Registered A		
hereby accept the appointment as registered agent. I am fami	iliar with and accept the obli	gations of the position.
Signature of N	ew Registered Agent, if chan	nging

☐ 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)

Example:

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>	John De	<u>oe</u>	
$\underline{X}$ Remove	<u>Y</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP		ILEANA M. CORTES VENDRELL	4139 CORONADO PKWY
X Add				CAPE CORAL, FL 33904
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				-
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

<u> </u>	nal sheets, if necessary).	De specifier			
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	ent provides for an exch	<u>iange, reclassificatio</u>	n, or cancellation of	issued snares,	
If an amendn	r (implementing the ame plicable, indicate N/A)	nament ii noi conta	med in the amending	ent usen.	
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		01/26/2021	
The date of each amodate this document wa		option:	, if other than the
Effective date <u>if appl</u>		/2021	
r, nective date <u>ii appi</u>	<u> </u>	(no more than 90 days after amendme	nt file date)
		ock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amenda	nent(s)	(CHECK ONE)	
The amendment(s) action was not requ		oted by the incorporators, or board of directors with	hout shareholder action and shareholder
		oted by the shareholders. The number of votes east ficient for approval.	t for the amendment(s)
		oved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
"The number	of votes cast	or the amendment(s) was/were sufficient for appro	oval
by		(voting group)	<u> </u>
Dat Sign	nature (By a di selected appoint	ector, president or other officer – if directors or officer and incorporator – if in the hands of a receiver, and fiduciary by that fiduciary)  MADELIN DE NACIMIENTO DIAZ  (Typed or printed name of person signing)	trustee, or other court
		PRESIDENT	15)
		RESIDENT	

(Title of person signing)