P2000055037

<u> </u>
(Requestor's Name)
(Address)
(Address)
` <i>,</i>
(Cit. (Chap. (7: -/Dh +0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: COCOBROTHERS	S, CORP	
DOCUMENT NUMB	ER: P20000055037		
	of Amendment and fee are sul	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	TOMAS BULET		
•		Name of Contact Person	
	COCOBROTHERS, CORP.		
•		Firm/ Company	
	14261 SW 126 PL		
		Address	
	MIAMI, FL 33186		
		City/ State and Zip Code	;
	COCOBROTHERS20@GM	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	a concerning this matter, pleas	se call: at (786	608-7001
Name of Contact Person		Area Coo	de & Daytime Telephone Number
	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Street Address 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

COCOBROTHERS, CORP.	<i>F</i> -1.				
(Name of Corporation as current	tly filed with the Florida Dept. of Sfate)				
P20000055037	(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) (Document Number of Corporation (if known)				
(Document Number	of Corporation (if known) Fii 1:42				
Pursuant to the provisions of section 607.1006, Florida Statutes, this 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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word				
	18954 SW 309TH ST				
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	HOMESTEAD, FL 33030				
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)					
D. If amending the registered agent and/or registered office ad-	draw in Florida, antar the name of the				
new registered agent and/or the new registered office address	SS:				
Name of New Registered Agent					
Name of New Registered Agent					
(Florida s	street address)				
New Registered Office Address:	(City) , Florida (Zip Code)				
New Registered Agent's Signature, if changing Registered Ager	nt:				
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.				
Signature of New	Registered Agent, if changing				

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sa	mith	
Type of Action	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
(Check One)	VP		ASIEL SANHEZ MAQUEIRA	2920 SE 12RD. UNIT 206
1) Change X Add		_		HOMESTEAD, FL 33035
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Ç- '	or adding additional Art mal sheets, if necessary).	(De specific)			
					
					
-					
_					
			.		···
					
					. <u></u>
F. If an amendn	nent provides for an exc	hange, reclassificat	ion, or cancellation	of issued shares,	
provisions fo	or implementing the am	endment if not con	tained in the amend	ment itself:	
(if not ap	pplicable, indicate N/A)				
,,,		<u> </u>			
		_			
					

		tion:		, if other than the
date this document				
Effective date <u>if a</u>	ррисавіе.	(no more than 90	0 days after amendment file date)	
Note: If the date document's effecti	inserted in this blockive date on the Depar	c does not meet the applic tment of State's records.	cable statutory filing requirements, this date	will not be listed as the
Adoption of Ame	ndment(s)	(<u>CHECK ONE</u>)		
The amendmen	nt(s) was/were adopte required.	d by the incorporators, or t	board of directors without shareholder action	and shareholder
☐ The amendment by the shareho	nt(s) was/were adopte dders was/were suffic	d by the shareholders. The tient for approval.	e number of votes cast for the amendment(s)	
☐ The amendmer must be separa	nt(s) was/were approv ately provided for each	red by the shareholders thre ch voting group entitled to	ough voting groups. The following statement vote separately on the amendment(s):	r
"The nun	mber of votes cast for	the amendment(s) was/we	ere sufficient for approval	
by			<u> </u>	
		(voting group)		
	04/30/2024			
	Dated			
	selected, t	tor, president or other office	cer – if directors or officers have not been ne hands of a receiver, trustee, or other court	
	TO	OMAS BULET		
		(Typed or printed	name of person signing)	
	p			
	_	(Title of person si	gning)	