Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

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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FLORIDA PROFIT/NON PROFIT CORPORATION CR CORPORATION MIAMI INC

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COVERLETTER

TO: Amendment Section
Division of Corporations

1

NAME OF CORPOR	ATION: CR CORPORAT	TON MIAMI INC		
DOCUMENT NUMB	ER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	condence concerning this ma	atter to the following:		
		ENNA DIEPPA		
-		Name of Contact Person		
		KUOENNA SERVICES R	VC.	
.		Firm/ Company		
		2141 SW 1 ST SUITE	E 110	
_	Address			
		MIAMI FLORIDA 331	35	
	,	City/ State and Zip Code	·	
		KRISJOENNA@YAHO	O.COM	
-	E-mail address: (to be us	sed for tuture annual report		
	concerning this matter, plea.		499-7132	
Name of Contact Person		at () 499-7132 lu & Daytime Telephone Number	
	the following amount made			
🍇 \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Cartified 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Tallal	tassec, FL 32314	2415 N	. Monroe Street, Suite \$10	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	CR CORPORATION	ON MIAMI INC	4.5	9:23
	(Name of Corporatio	n as currently filed with the Flo	orida Dept. of State)	
	P20000056563			
	(Docum:	ent Number of Corporation (if ke	lown)	
Pursuant to the provisions of its Articles of Incorporation:		Statutes, this Florida Profit Corp	noration adopts the follow	wing amendment(s)
A. If amending name, ente	r the new name of the co	moration:		
				The new
	signation "Corp," "Inc,"	rporation," "company," or "inco or "Co". A professional corp dation "P.A."		
B. <u>Enter new principal offi</u> Principal office address <u>MU</u>				
C. Enter new mailing add (Mailing address MAY E	ress, if applicable: BE A POST OFFICE BOX	ý <u>-</u>		
	red agent and/or registere	ed office address in Florida, en	ter the name of the	
new registered agent an				
	tered Agent			
Name of New Regis	ter <u>ed Ag</u> ent	,	·	
	ter <u>ed Ag</u> ent	(Florida street address)		
		(Florida street address)	Florida	_

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; CEQ = 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 Romove	<u>v</u>	Mike Jones				
X Add	<u>\$V</u>	Sally Smith				
Type of Action (Check One)	<u>Titl</u> e	<u>Name</u>	<u>Addres</u> s			
1) Change	P	CAROLINA LOAIZA	1010 N 73 WAY			
Add			HOLLYWOOD FL 33024			
X Remove						
2) Change	P	CAROLINA RODRIGUEZ	1010 N 73 WAY			
$\frac{\mathrm{X}}{}$ \sim Add			HOLLIWOD FL 33024			
Remove 3.) Change	<u> </u>					
Remove						
4) Change						
Add						
Remove			• • • •			
5) Change						
Add			<u> </u>			
Remove						
6) Change						
Add						
Pamaye						

If amending or adding addition (Attach additional sheets, if necessity)	ssary). (Be specific	<i>)</i>			
				 -	•• ——
 					
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				<u></u>	
	<u> </u>				
					
					
If an amendment provides for provisions for implementing	an exchange, reclass	ification, or cancel	llation of issued s	hares,	
(if not applicable, indicate	N(A)	t contained in the a	amenument (Gen	<u>.</u>	
	, , , , ,				
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	<u></u>		····	<u>.</u>	
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Aug. 21.12020 13:27FM		No. 9939	P. 3/8
The date of each amendment(s) adopt date this document was signed.	68/21/2020	 	, if other than the
Effective date <u>if applicable</u> :	0111011		
	(no more than 90 days after amendment file a	iate)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirer ment of State's records.	nents, this date will n	iot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors without sho	ircholder action and sl	narehold er
The amendment(s) was/were adopted by the shareholders was/were suffici	I by the shareholders. The number of votes east for the lent for approval.	: amendment(s)	
	ed by the shareholders through voting groups. The follow the voting group entitled to vote separately on the amena		
"The number of votes east for t	the amendment(s) was/were sufficient for approval		
by			
	(voting group)		
Dated	08/21/2020 Elina Godriguez		
Signature () Oh	Hina Kadrianes		
(By a direct	or, president or other officer ! if dirfetors or officers ha		•
	van incorporator – if in the hands of a receiver, trustee, Iduciary by that fiduciary)	or other court	
	CAROLINA RODRIGUEZ		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		* u +===*