

11/11/20

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MARILI CANCIO JOHNSON P.A.
Account Number : I20160000073
Phone : (305)967-6329
Fax Number : (305)470-7453

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
SOCPEY INC**

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Fax Server



November 17, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOCPEY INC
11 ISLAND AVE
SUITE 503
MIAMI BEACH, FL 33139US

SUBJECT: SOCPEY INC
REF: P20000063912

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Page 1 of the Amendment is not filled out.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000391159
Letter Number: 220A00023047

850-617-6381

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November 14, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOCPEY INC
11 ISLAND AVE
SUITE 503
MIAMI BEACH, FL 33139US

SUBJECT: SOCPEY INC
REF: P20000063912

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Document is too light to read.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000391159
Letter Number: 220A00022810

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SocPey INC

DOCUMENT NUMBER: P20000063912

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Priscilla Rodriguez
Name of Contact Person
Marili Cancio Johnson P.A.
Firm/ Company
150 SE 2nd Ave Suite 1408
Address
Miami FL 33131
City/ State and Zip Code
admin2@ejelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Priscilla Rodriguez at (786) 802-2332
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

_____The new
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: _____

(City)

_____, Florida

(Zip Code)

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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

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; 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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	CG Real Estate Services Inc.	11 Island Ave Suite 503
<input type="checkbox"/> Add			Miami Beach FL 33139
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	P	Carolina Gentina	11 Island Ave Suite 503
<input checked="" type="checkbox"/> Add			Miami Beach, FL 33139
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	V	Nestor D. Pujato	11 Island Ave Suite 503
<input checked="" type="checkbox"/> Add			Miami Beach, FL 33139
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	V	Marta Rossa Pujato	11 Island Ave Suite 503
<input checked="" type="checkbox"/> Add			Miami Beach, FL 33139
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	V	Marcial Guadalupe Pujato	11 Island Ave Suite 503
<input checked="" type="checkbox"/> Add			Miami Beach, FL 33139
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

Dated 11/11/2020

Signature _____

(By a director, president or other officer - if directors or officers have not been selected; by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Carolina Guerra
(Typed or printed name of person signing)

President
(Title of person signing)