# P20 0000 66373

| (Re                     | questor's Name)                         |               |
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| (Ad                     | idress)                                 | <del></del> - |
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| (Ad                     | ldress)                                 |               |
|                         |   |               |
| (Cit                    | ty/State/Zip/Phone                      | e #)          |
| PICK-UP                 | ☐ WAIT                                  | MAIL          |
| (P.)                    | nings Entity No.                        |               |
| (80                     | siness Entity Nan                       | ne)           |
| (Do                     | ocument Number)                         |               |
| `                       | ·                                       |               |
| Certified Copies        | _ Certificates                          | of Status     |
|                         |   |               |
| Special Instructions to | Filing Officer:                         |               |
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Office Use Only



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## COVER LETTER

| TO: Amendment Section 'Division of Corporations  | •                                       |  | , ° 2  |
|--|---|--|--|
| NAME OF CORPORATION  | Gloo & April Corp                       | )  |  |
|  | 0000066373                              |  |  |
| The enclosed Articles of Amen  | dment and fee are su                    | bmitted for filing.  |  |
| Please return all correspondenc  | e concerning this ma                    | tter to the following:   |  |
| Roy Rib  | ot                                      |  |  |
| Taxes an   | d Legal Services                        | Name of Contact Person   | n  |
| 28 W Fla   | agler St, Suite 1200                    | Firm/ Company  |  |
| Miami, I   | F1, 33130                               | Address  |  |
|  |   | City/ State and Zip Cod  | e  |
| sunbiz@  | taxeslegalmiami.cor                     | n  |  |
| E-m  | ail address: (to be us                  | sed for future annual report   | notification)  |
| For further information concern  | ing this matter, pleas                  | se call:   |  |
| Roy Ribot  |   | 917<br>at (  | 686-7014<br>   |
| Name of Contac   | t Person                                | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for the follo  | owing amount made                       | payable to the Florida Dep.  | artment of State:  |
| _  | 43.75 Filing Fee & entificate 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) |
| 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

FILED

| Gloo & April Corp   | 2020 OCT 13 PH 6: 48  |  |  |  |
|---|---|--|--|--|
| (Name of Corporation as currently   | filed with the Florida Dept, of State)                          |  |  |  |
| P20000066373  | SECRETARY OF STATE TALLAMISSEE M                                |  |  |  |
| (Document Number of   | Corporation (if known)  |  |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:  | Florida Profit Corporation adopts the following amendment(s) to |  |  |  |
| A. If amending name, enter the new name of the corporation:   |   |  |  |  |
|   | The new   |  |  |  |
| name must be distinguishable and contain the word "corporation," "co". Inc.," or Co" or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | professional corporation name must contain the word             |  |  |  |
| B. Enter new principal office address, if applicable:   | 28 W Flagler St Suite 1200                                      |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | Miami, FL, 33130  |  |  |  |
|   |   |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 28 W Flagler St Suite 1200                                      |  |  |  |
| (maining dataress MATT DE ATTOM TOTTICE DON)  | Miami, FL, 33130  |  |  |  |
|   |   |  |  |  |
| D. If amending the registered agent and/or registered office addr-<br>new registered agent and/or the new registered office address:  |   |  |  |  |
| Name of New Registered Agent  |   |  |  |  |
|   |   |  |  |  |
| (Florida stre   | et address)   |  |  |  |
| New Registered Office Address:  | , Florida   |  |  |  |
| (   | City) (Zip Code)  |  |  |  |
|   |   |  |  |  |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w  | ith and accept the obligations of the position.                 |  |  |  |
|   |   |  |  |  |
| Signature of New Re   | gistered 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.

| <u>PT</u>    | John Doe              |  |
|--------------|-----------------------|--|
| <u>v</u>     | Mike Jones            |  |
| <u>sv</u>    | Sally Smith           |  |
| <u>Title</u> | <u>Name</u>           | <u>Addres</u> s  |
| P            | Harold E Rincon       | 219 7th st   |
|              |                       | Miami, Fl, 33139   |
|              |                       |  |
| P            | Roy L Ribot           | 111 ne 1st ave suite 1903,   |
| <del></del>  | <del>-</del>          | Miami, Fl 33132  |
|              |                       | 111 ne 1st ave suite 1903,   |
| VP           | Yasiel Perez          | Miami, Fl 33132  |
|              |                       |  |
|              |                       |  |
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| <u></u>      |                       |  |
|              |                       |  |
|              | V<br>SV<br>Title<br>P | V Mike Jones  SV Şally Smith  Title Name  P Harold E Rincon  P Roy L Ribot |

| . If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) Add EIN 85-3232055 |  |                       |                         |                         |                 |                                       |
|---|--|-----------------------|-------------------------|-------------------------|-----------------|---------------------------------------|
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| <u>lf an</u>  | amendment provides for an e                                      | cchange, reclassifica | tion, or cancella       | tion of issued shar     | res,            |                                       |
| prov  | visions for implementing the a (if not applicable, indicate N/A) | nendment if not con   | <u>tatneo in the am</u> | enament itse <u>it.</u> |                 |                                       |
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|   |  |                       |                         |                         |                 |                                       |

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| The date of each amendment(s) addate this document was signed.               | loption:, if other than the   |
|--|---|
| 09/2:  | 5/2020  |
| Effective date <u>if applicable</u> :  |   |
|  | (no more than 90 days after amendment file date)  |
| Note: If the date inserted in this bl<br>document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.            |
| Adoption of Amendment(s)   | (CHECK ONE)   |
| ☐ The amendment(s) was/were ado action was not required.                     | pted by the incorporators, or board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su           | pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.   |
|  | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast to<br>Yasiel Perez and Roy R<br>by                 | for the amendment(s) was/were sufficient for approval libot   |
|  | (voting group)  |
| 09/25/2020   |   |
| Dated Signature  | Daibak  |
| (By a di   | rector, president or other officer - if directors or officers have not been   |
|  | , by an incorporator - if in the hands of a receiver, trustee, or other court   |
|  | ed fiduciary by that fiduciary)   |
|  | Roy Ribot   |
| -  | (Typed or printed name of person signing)   |
|  | President   |
| -  | (Title of person signing)   |

Date of this notice: 09-29-2020

Employer Identification Number:

85-3232055

Form: SS-4

Number of this notice: CP 575 A

SOLDERMAR SPORTSWEAR GLOO & APRIL 28 W FLAGLER ST STE 1200 MIAMI, FL 33130

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-3232055. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 04/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

#### IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

(IRS USE ONLY) 575A

09-29-2020 SOLD B 999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

\_\_\_\_\_\_

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 09-29-2020

EMPLOYER IDENTIFICATION NUMBER: 85-3232055
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Idodahlahlalahlalladlaadhadhalhlald SOLDERMAR SPORTSWEAR GLOO & APRIL 28 W FLAGLER ST STE 1200 MIAMI, FL 33130