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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: COCO & OCEANA, CORP DOCUMENT NUMBER: P20000072095 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MERY VILLARREAL GOMEZ Name of Contact Person M.V.G ACCOUNTING & BOOKKEEPING SERVICES, INC. Firm/ Company 2133 POLO GARDENS DR. APT. # 1 Address WELLINGTON, FL 33414 City/ State and Zip Code meryvillareal@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 890-9021

Area Code & Daytime Telephone Number YELITZA PARRA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ☐\$43.75 Filling Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| COCO & OCEAN | A, CORP. |
|--|---|
| (Name of Corporation as currently | filed with the Florida Dept. of State) |
| P200000720 |)95 |
| (Document Number of | Corporation (if known) |
| Pursuant to the provisions of section $607,1006$. Florida Statutes, this F its Articles of Incorporation: | Clorida 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," "ce "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | ompany," or "incorporated" or the abbreviation "Corp.," |
| B. Enter new principal office address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 7070 |
| | 70 |
| | |
| C. Enter new mailing address, if applicable: | <u>.</u> |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
| | 7 57 |
| D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: | ess in Florida, enter the name of the |
| Name of New Registered Agent | |
| | |
| (Florida stree | 4 address) |
| New Registered Office Address: | , Florida |
| Q | City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi | ith and accept the obligations of the position. |
| | |
| Signature of New Reg | gistered Agent, if changing |

Check if applicable $$\Box $$ 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.

Unanges 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> <u>John</u> | <u>i Doe</u> | |
|-------------------------------|------------------------|--|-------------------------------|
| \underline{X} Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sally</u> | y Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) X Change | PRESID | YELITZA M. HICKEY | 240 WELL SPRING WAY APT.# 703 |
| Add | | | KISSIMMEE, FL 34747 |
| Remove | | | 240 WELL SPRING WAY APT/=103 |
| 2) Change | PRESID | YELITZA M. PARRA | KISSIMMEE, FL 34747 |
| XAdd | | | |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 51 Change | | COUNTY CO | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | ets, if necessary). | (Be specific) | | | |
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| an amendment pro | vides for an excl | hange, reclassificati | on, or cancellation of | issued shares, | |
| | menting the ame | | ained in the amendme | | |
| | r, indicate N/A) | | | | |
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| | option: | |
| date this document was signed. | 2020 | |
| Effective date if applicable: | 2020 | |
| The control of the property of the control of the c | (no more than 90 days after ome) | ament file dater |
| Note: If the date inserted in this bl document's effective date on the De- | ock does not meet the applicable statutory fill artment of State's records. | ing requirements, this date will not be listed as t |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/were ado action was not required. | sted by the incorporators, or board of directors | withour shareholder action and shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | oted by the shareholders. The number of votes ficient for approval. | cast for the amendment(s) |
| must be separately provided for | oved by the shareholders through voting grou each voting group entitled to vote separately of or the amendment(s) was/were sufficient for a | n the amendment(s): |
| | as the antenantenits) was were surretein for a | |
| by | (voting group) | · |
| 09/19/2020 Dated Signature | Musif. | |
| (By a di selected | ector, president or other officer - if directors of by an incorporator if in the hands of a reced fiduciary by that fiduciary) | or officers have not been iver, trustee, or other court |
| | YELITZA M. PARRA | |
| | (Typed or printed name of person s | igning) |
| | PRESIDENT | |
| • | (Title of person signing) | |