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7/28/2021

**Division of Corporations** f State ft o me er Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations	1	~3
	Fax Number : (850)617-6380		2021
From:		; € .1.5	JUL
	Account Name : JELEN ACCOUNTING SERVICES, INC		
	Account Number : I20120000052	SST.	5
	Phone : (305)591-9180	;"\- \ ;"\.	<u> </u>
	Fax Number : (305)591-9167		تر
		-11 r-10,	-
•Enter	the email address for this business entity to be used for future	<b>1</b> 5	
	ual report mailings. Enter only one email address please.**	<b>3</b> 51	í

Email Address: info@jelenaccounting.com

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COR AMND/RESTATE/CORRECT OR O/D RESIGN									
ANGEL COVE PARTNERS, INC.									
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	Articles of Incorporation
NCEL COVE DARTNERS INC	lo
NGEL COVE PARTNERS, INC.	
	pration as currently filed with the Florida Dept. of State)
20000075820	
(Do	ocument Number of Corporation (if known)
rsuant to the provisions of section 607.1006, Flo Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of th	he corporation;
me must be distinguishable and contain the word	The new d'"corporation, " "company," or "incorporated" or the abbreviation "Corp., "
nc.," or Co.," or the designation "Corp," "I hartered," "professional association," or the al	'Inc," or "Co". A professional corporation name must contain the word
Enter new principal office address, if application	
rincipal office address <u>MUST BE A STREET</u> A	ADDRESS )
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>
If amending the registered agent and/or registered	ristered office address in Florida, enter the name of the
If amending the registered agent and/or registered agent and/or the new registered	istered office address in Florida, enter the name of the red office address:
If amending the registered agent and/or registered agent and/or the new registered agent <u>Name of New Registered Agent</u>	istered office address in Florida, enter the name of the red office address:
new registered agent and/or the new register	istered office address in Florida, enter the name of the red office address:
new registered agent and/or the new register	ristered office address in Florida, enter the name of the red office address: (Florida street address)
new registered agent and/or the new register	ered office address:

Signature of New Registered Agent, if changing

Check if applicable

□ 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. Example:

## X Change PT John Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) P, D SANTAMARIA, ALFREDO 10877 SW 75 TERRACE 1) \_\_\_\_ Change MIAMI, FL 33173 \_\_\_\_ Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 3) \_\_\_\_ Change Add \_\_ Remove 4) \_\_\_\_ Change \_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove

E. If amending or adding additional Articles, enter change(s) here:							
(Attach additional sheets, if necessary). (Be	specific)						
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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)

The date of each amendment(s) adoption	n:	_, if other	than the
date this document was signed.			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
	(no more man 90 days after amenament file date)		
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirements, this date will ent of State's records.	not be list	ed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and	sharcholde	r
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.		
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for th	e amendment(s) was/were sufficient for approva!		<b>.</b> .
by			021
- 5	(voling group)	AHASS	<u> </u>
		2	<u>ب</u> ۲
07/27/2021		SS .	r
Dated			
Signature Sufr			711, E.C. 2021 JUL 29 AH 10: 1
(By a director	, president or other officer - if directors or officers have not been		
selected, by a	in incorporator - if in the hands of a receiver, trustee, or other court	947. 345	$\sim$
appointed fid	uciary by that fiduciary)		
ALFI	REDO SANTAMARIA		
	(Typed or printed name of person signing)	·	
PRES	DIDENT		
	(Title of person signing)		