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(((H21000130015 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

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.

COR AMND/RESTATE/CORRECT OR O/D RESIGN ESCOBAR FENCE MIAMI, INC

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: ESCOBAR FENC	E MIAMI INC		
DOCUMENT NUM	IBER: P20000091730			
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	ENNA DIEPPA			
		Name of Contact Per	son	
	KRISJOENNA SERVICES INC			
		Firm/ Company		
	2141 SW 1 ST SUITE 110	, ,		
		∧ddress		
	MIAMI FI.			
		City/ State and Zip Co	ode	
	KEISJOENNA@YAHOO.O	OM		
	E-mail address: (to be us		ort notification)	
For further information	on concerning this matter, pleas		7864997132	
Name	of Contact Person	at (Area (Inde & Daytime Telephone Number	
Enclosed is a check f	or the following amount made		,	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	©\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ame Divis The 2415	et Address Inducent Section Islands of Corporations Centre of Tallahassee In Monroe Street, Suite 810 Industrial hassee, FL 32303	

Articles of Amendment to Articles of Incorporation оГ

ESCOBAR FENCE MIAMI,INC			
(Name of Corporati ESCOBAR IRON, INC	ion as currently filed with the Fl	orida Dept. of State)	
- <u>, </u>			
(Docun	nent Number of Corporation (if kr	lown)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corp	poration adopts the following	g amendment(s) t
A. If amending name, enter the new name of the co	orporation:		
ESCOBAR IRON IN	10		The name
ESCOBAR IRON IN anne must be distinguishable and contain the word "co" Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	or Co. A professional core	orporated" or the abbreviation poration name must contain	n "Corp.," n the word
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>	<u></u> <u>DRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BO)	<u></u>		77
D. If amending the registered agent and/or registered new registered agent and/or the new registered.	red office address in Florida, ent	er the name of the	, ,
Name of New Registered Agent			
·	(Florida street address)		л Л
New Registered Office Address:	(City)	Florida	ode)
New Registered Agent's Signature, if changing Reginer of the Agent. I hereby accept the appointment as registered agent.	ristored Agent:		
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent. Signa	ristored Agent:	ohligations of the position.	odej

Check if applicable

☐ The amendment(s) is/arc 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= Truster; 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:

A Change	<u>P1</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>∧ddres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove 4) Change			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

No. 0384 P. 3

Apr: -7: -2021 2:16PM	No. 0384 P. 9
The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of disaction was not required.	rectors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately	g groups. The following statement ntely on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficien	
by	29
(voting group)	
Dated	
Signature Turny Conscio	
(By a director, president or other officer - if directed, by an incorporator - if in the hands of a	ctors or officers have not been
appointed fiduciary by that fiduciary)	receiver, trustee, or other court
HENRRY ESCOB (Typed or printed name of per	SAR.
(Typed of printed name of per	rson signing)
(Title of person signing)	

the

the