## P20 000097178

| (Requestor's Name)                      |
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| (Address)                               |
| ,                                       |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| obtained doyles                         |
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| Special Instructions to Filing Officer: |
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01/14/21--01015--009 \*\*35.00



R. WHITE FEB 25 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

,

| NAME OF CORPO          | RATION: GLOBAMARKET  | INC  |  |
|------------------------|--|--|--|
|                        | IBER: P20000097178   |  |  |
|                        | s of Amendment and fee are su                                      | bmitted for filing.  |  |
| Please return all corr | espondence concerning this ma                                      | tter to the following:   |  |
|                        | Juan Meza  |  |  |
|                        |  | Name of Contact Person   | 1  |
|                        | <del></del>  | Firm/ Company  |  |
|                        | 4000 Towerside Terrace # 40  | 06   |  |
|                        | · · · · · · · · · · · · · · · · · · ·                              | Address  |  |
|                        | Miami, FL 33138  |  |  |
|                        |  | City/ State and Zip Code   | 2  |
|                        | juanjosemeza@me.com  |  |  |
|                        | E-mail address: (to be us  | sed for future annual report                                     | notification)  |
| For further informati  | on concerning this matter, pleas                                   | se call:   |  |
| Juan Meza              |  | at ( 30,5  | 588-4893   |
| Name                   | of Contact Person  | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check t  | for the following amount made                                      | payable to the Florida Depa                                      | artment of State:  |
| S35 Filing Fee         | S43.75 Filing Fee & Certificate of Status                          | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| An<br>Di               | ailing Address nendment Section vision of Corporations D. Box 6327 | Amend<br>Divisio   | Address Iment Section on of Corporations entre of Tallahassee                          |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| GLOBAMARKET INC  |                                       |   |
|--|---------------------------------------|---|
| (Name o  | Corporation as curre                  | ntly filed with the Florida Dept. of State)   |
| P20000097178   |                                       |   |
| ·  | (Document Numbe                       | r of Corporation (if known)   |
| Pursuant to the provisions of section 607.1 its Articles of Incorporation:   | 006, Florida Statutes, th             | is Florida Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new na  | me of the corporation:                |   |
| Cafe Recors Productions, Inc.  |                                       | The new   |
| name must be distinguishable and contain "Inc" or Co" or the designation "Co"chartered," "professional association," | orp," "Inc," or "Co".                 | "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable:  |                                       | N/A   |
| (Principal office address MUST BE A ST   |                                       | N/A   |
|  |                                       | N/A   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              |                                       | N/A   |
| , ,  |                                       | N/A   |
|  |                                       | N/A   |
| D. If amending the registered agent and new registered agent and/or the new  |                                       |   |
| Name of New Registered Agent   | N/A                                   |   |
|  | N/A                                   |   |
| -  | (Florida                              | street address)   |
| New Registered Office Address:   | N/A                                   | . Florida   |
| New Registerea Office Address.   |                                       | (City) (Zip Code)   |
| New Registered Agent's Signature, if ch<br>I hereby accept the appointment as registe                                |                                       | ent:<br>ar with and accept the obligations of the position.   |
|  | Signature of New                      | Registered Agent, if changing   |
|  | · · · · · · · · · · · · · · · · · · · |   |

Check if applicable

<sup>☐</sup> 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.

| X Change                   | <u>PT</u> | John Doe    |                 |
|----------------------------|-----------|-------------|-----------------|
| X Remove                   | <u>V</u>  | Mike Jones  |                 |
| X Add                      | <u>sv</u> | Sally Smith |                 |
| Type of Action (Check One) | Title     | <u>Name</u> | <u>Addres</u> s |
| 1) N/A Change              |           |             |                 |
| N/A Add                    |           |             |                 |
| N/A Remove                 |           |             |                 |
| 2) N/A Change              |           |             |                 |
| N/A Add                    |           |             |                 |
| N/A Remove 3 ) N/A Change  |           |             |                 |
| N/A Add                    |           |             |                 |
| N/A Remove                 |           |             |                 |
| 4) N/A Change              |           |             |                 |
| N/A Add                    |           |             |                 |
| N/A Remove                 |           |             |                 |
| 5) N/A Change              |           |             |                 |
| N/A Add                    |           |             |                 |
| N/A Remove                 |           |             | <del></del>     |
| 6) N/A Change              |           |             |                 |
| N/A Add                    |           |             |                 |
| N/A<br>Remove              |           |             |                 |

| <u>11 an</u><br>(Atta | nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)     |
|-----------------------|---|
| N/A                   |   |
| N/A                   |   |
| N/A                   |   |
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| . <u>If ar</u>        | amendment provides for an exchange, reclassification, or cancellation of issued shares,                             |
| pro                   | visions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) |
| N/A                   |   |
| N/A                   |   |
| N/A                   |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |

| Effective date <u>if applicable</u> :                    | (no more than 90 days after amendment file date)   |
|--|--|
|  | (no more than 90 days after amendment file date)   |
|  | is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.  |
| Adoption of Amendment(s)                                 | ( <u>CHECK ONE</u> )   |
| The amendment(s) was/were action was not required.       | adopted by the incorporators, or board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.  |
| must be separately provided                              | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  cast for the amendment(s) was/were sufficient for approval |
|  |  |
| by   | (voting group)   |
|  |  |
| 01/11/2<br>Dated   | 1021<br>1025 Th  |
| O1/11/2 Dated Signature (By sele                         | 1 - 7  |
| O1/11/2 Dated Signature (By sele                         | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court   |
| Dated  | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)        |