P21000005452

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A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: DESSERTS BY V	ERO,		
	1BER: P21000005452			
	es of Amendment and fee are su	abmitted for filing.		
Please return all core	respondence concerning this ma	itter to the following:		
	LEYSSE LIZ LUZARDO PI	NEDA		
		Name of Contact Perso	n	
	DESSERTS BY VERO, CORP			
		Firm/ Company		
	11601 NW 89TH STREET A			
	-	Address		
	DORAL, FL 33178	•••		
		City/ State and Zip Cod	<u>. </u>	
		·		
	ACCOUNTAXFORMS@HO			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informati	ion concerning this matter, plea	se call:		
	g			
LEYSSE LIZ LUZARDO PINEDA		786 at () 906-0163	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 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)	
Mailing Address		<u>St</u> reet	<u>Address</u>	
Ar	nendment Section	Amendment Section		
	vision of Corporations	Division of Corporations		
	D. Box 6327		entre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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DESSERTS BY VERO, CORP

(Name of Corporation as curr		
	ently filed with the Florid	a Dept, of State)
21000005452		
(Document Numb	er of Corporation (if knows	1)
ursuant to the provisions of section 607,1006, Florida Statutes, t s Articles of Incorporation:	his <i>Florida Profit Corpora</i>	ation adopts the following amendment
If amending name, enter the new name of the corporation	<u>:</u>	
ame must be distinguishable and contain the word "corporation, Inc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "P.	'. A professional corpora	The new rated" or the abbreviation "Corp.," tion name must contain the word
. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		· · · · · · · · · · · · · · · · · · ·
		
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	-	
	_	
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional 		he name of the
N CN D : L		
Name of New Negistered Agent	·	
(Floride	a street address)	
New Registered Office Address:	a street address)	. Florida

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)

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	LIZ LUZARDO PINEDA	11601 NW 89TH STREET
Add			APT 203
X Remove			DORAL, FL 33178
2) Change	P	LEYSSE LIZ LUZARDO PINEDA	11601 NW 89TH STREET
X Add			APT 203
Remove 3) Change			DORAL, FL 33178
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

in amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		eets, if necessary).	(Be specific)			
ovisions for implementing the amendment if not contained in the amendment itself:						
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(if not applicable, indicate N/A)	<u>in amendment pr</u>	ovides for an excl	nange, reclassificat	ion, or cancellatio	n of issued share	<u>.s.</u>
	(if not applicab	le indicate N/A)	nament II not con	rained in the amer	<u>ament itself:</u>	
	(5) upp	, , , , , , , , , , , , , , , , , , , ,				
			·			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	zill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Leysse Liz Lyando Pirena (Typed or printed name of person signing) Plesident	