P21000010315

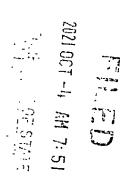
(Re	equestor's Name)			
(Ad	ldress)			
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A. Butter 10/12/24

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RINCON CUBAN	O INC			
DOCUMENT NUMB	ER: P21000010315				
	of Amendment and fee are st	ibmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
	MARIA DE I	OS ANGELES GONZALI	EZ		
•	 -	Name of Contact Person	n		
	AMARO ACCOUNTING SERVICES PA Firm/ Company				
-					
	3107 NE 4TH ST				
-	Address				
_	HOMESTEAD FLORIDA 33033				
		City/ State and Zip Cod	c		
		magaccountingpa@att.nct			
-	E-mail address; (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se cail:			
MARIA DE LOS ANGELES GONZALEZ		786 at (de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	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		Street	Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation



RINCON CUBANO INC

فمهوفة معدد الدا

K	UNCON CUBANO INC		2021 OCT -4	MA 7:51
(<u>Name</u>	of Corporation as currently	filed with the Florida		
	P2100001031	5	المراجعة ا	OFSTATE
	(Document Number of	Corporation (if known)	1. 11. 1	
arsuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporati	ion adopts the fol	lowing amendment(s
. If amending name, enter the new n	ame of the corporation:			
	N/A			The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "(chartered," "professional association,	Corp," "Inc," or "Co". A	ompany," or "incorpora professional corporati	ited" or the abbro ion name must c	viation "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		14410 SW 200 ST		
		MIAMI FL 33177		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14801 SW 296TH ST		
		HOMESTEAD FL 33	033	
D. If amending the registered agent at new registered agent and/or the ne Name of New Registered Agent			e name of the	
traine sy treat negative agent	14801 SW 296TH ST			
	(Florida stre	et address)		
New Registered Office Address:	HOMESTEAD		Morida 330	033
	(City)	, rionda	(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if continuent as registered to appointment as registered.	hanging Registered Agent: tered agent. I am familiar w.		, Florida, ations of the posi	(Zip Code)
Cheat if applicable	,	an in der med milita	····a	
Theck if applicable				

☐ 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.

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	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	LUIS M ALVAREZ	14410 SW 200TH ST
Add			MIAMI FL 33177
X Remove 2) Change	VP	MIGUEL ALVAREZ	14410 SW 200TH ST
Add			MIAMI FL 33177
X Remove Change	P	DAYLY LUGO VAZQUEZ	14801 SW 296TH ST
X Add			HOMESTEAD FL 33033
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	icles, enter change(s) here: (Re specific)
(Action additional states, if twoessury).	N/A
	18/74
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	radicin it not contained in the amendment fiseit:
	N/A

	09/29/2021	
The date of each amendment(s) ac	loption:	, if other than th
ate this document was signed.		
-	09/25/2021	
ffective date if applicable:	U/12/16021	
<u> </u>	(no more than 90 days after amendment file date)	
ote: If the date inserted in this b ocument's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as th
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	ler action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendation for approval.	dment(s)
must be separately provided for	roved by the shareholders through voting groups. The following 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)	
09/29/2021		
Dated		
<i>(2)</i>	Viguel Clares	
Signature/	Figuel Ware, rector, president or other officer - if directors or officers have not	
(By a di	fector, president or other officer - if directors or officers have not	t been
	I, by an incorporator if in the hands of a receiver, trustee, or oth	er court
appoint	ed fiduciary by that fiduciary)	
	MIGUEL ALVAREZ	
	(Typed or printed name of person signing)	
	∨ P PRESIDENT	
	(Title of person signing)	