# 021000010536

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (A                      | ddress)            |             |
| (Ad                     | ddress)            |             |
| (Ci                     | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bi                     | usiness Entity Nar | me)         |
|                         |                    |             |
| (D <sub>1</sub>         | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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# **COVER LETTER**

TO: Amendment Section Division of Corporations

1

| NAME OF COE   | RPORATION:  | RPRISE INC   |   |
|---|---|--|---|
|   | UMBER: P21000010536   |  |   |
|   | icles of Amendment and fee are su   | bmitted for filing.  |   |
| Please return all c   | correspondence concerning this ma   | tter to the following:   |   |
|   | CARLOS PEREZ  |  |   |
|   |   | Name of Contact Person   |   |
|   | C PEREZ PROFESSIONAL SERVICES, INC  |  |   |
|   | <del></del>   | Firm/ Company  |   |
|   | 4343 W WATERS AVE   |  |   |
|   |   | Address  |   |
|   | TAMPA, FL 33614   |  |   |
|   |   | City/ State and Zip Code   | <u> </u>  |
|   | CPEREZPROSVCSINC@G  | MAIL.COM   |   |
|   | E-mail address: (to be us   | sed for future annual report   | notification)   |
| For further infori  | nation concerning this matter, plea   | se call:   |   |
| CARLOS PERE   | Z.  | at (   | 249-2300<br>) de & Daytime Telephone Number   |
| N   | ame of Contact Person   | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a che   | eck for the following amount made   | payable to the Florida Depa  | urtment of State:   |
| ■ \$35 Filing F   | ee   \$\Begin{align*} \Bar{\text{S}} \\ \text{S43.75 Filling Fee & Certificate of Status} \\  \$\text{Certificate of Status} \\ \$\text | ☐\$43.75 Filling Fee & Certified Copy (Additional copy is enclosed)  | □S52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 |   | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |   |

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

# JOAQUIN ENTERPRISE INC (Name of Corporation as currently filed with the Florida Dept. of State) P21000010536 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

## New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

Name of New Registered Agent

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(Florida street address)

# 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)

\_\_\_\_ Add

Please note the officer/director title by the first letter of the office title:

 $P = President; \ F = Vice President; \ T = Treasurer; \ S + Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD$ 

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 $\underline{V}$ Mike Jones <u>X</u> Add SVSally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) $\nabla P$ CESAR TEJEDA 9707 TRANQUILITY LAKE CIR 1) \_\_\_\_ Change APT 301 RIVERVIEW FL 33578 \_\_\_\_ Add X\_\_\_Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 3.) \_\_\_\_ Change \_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change

|   | MOVE VP CESAR TEJEDA 9   | 707 TRANQUILITY CIRCLE APT 301, RIVERVIEW, FL              | . 33578     |
|---|--|--|-------------|
| 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 an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: |  |  |             |
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| provisions for implementing the amendment if not contained in the amendment itself:   |  |  | ` .         |
| provisions for implementing the amendment if not contained in the amendment itself:   |  |  |             |
| (if not applicable, indicate N/A)   | t an amendment provides for provides for provisions for implementing | an exchange, reclassification, or cancellation of issued s | hares,      |
|   | (if not applicable, indicate   | N/A)   | <u>.</u>    |
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| Effective date <u>if applicable</u> :                                 | (no more than 90 days after amendment file date)   |                         |
|---|--|-------------------------|
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this date with Department of State's records.  | II not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |                         |
| ☐ The amendment(s) was/were a action was not required.                | dopted by the incorporators, or board of directors without shareholder action an   | d shareholder           |
| ■ The amendment(s) was/were a by the shareholders was/were            | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.   |                         |
| ☐ The amendment(s) was/were a must be separately provided for         | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):   |                         |
| "The number of votes ca   | st for the amendment(s) was/were sufficient for approval   |                         |
| by  |  |                         |
|   | (voting group)   |                         |
| 12/13/20:<br>Dated  | 23   |                         |
| select  | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) | ;<br>;                  |
|   | RICHARD JOAQUIN  |                         |
|   | (Typed or printed name of person signing)  |                         |
|   | PRESIDENT  | <del>-</del>            |
|   | (Title of person signing)  |                         |