

P21 000022669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

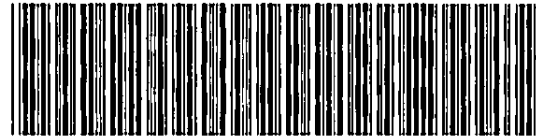
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
2022 APR 19 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
JUN - 6 2022

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

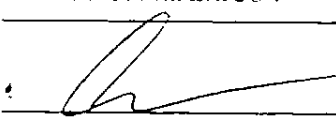
NAME OF CORPORATION: SMOOTHIES THREE ARG CORP

DOCUMENT NUMBER: P21000022669

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAMUSIO, FEDERICO F

 Name of Contact Person

Firm/ Company

1805 PONCE DE LEON BLVD APT 523

Address

CORAL GABLES, FL 33134

City/ State and Zip Code

fede.camusio@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Federico Camusio

at ( 786 ) 584-9527

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 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

FILED

SMOOTHIES THREE ARG CORP

2022 APR 19 AM 9:08

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000022669

SECRETARY OF STATE  
TALLAHASSEE, FL

(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:

N/A 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)

N/A

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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

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

X

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (c), 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:

☒ Change                      PT              John Doe

☐ Remove                      V              Mike Jones

☒ Add                      SV              Sally Smith

| Type of Action<br>(Check One)              | Title     | Name                           | Address                        |
|--|-----------|--------------------------------|--------------------------------|
| 1) <input type="checkbox"/> Change         | <u>PT</u> | <u>CAMUSIO FEDERICO F SR</u>   | <u>1805 PONCE DE LEON BLVD</u> |
| <input type="checkbox"/> Add               |           |                                | <u>APT 523</u>                 |
| <input checked="" type="checkbox"/> Remove |           |                                | <u>CORAL GABLES, FL 33134</u>  |
| 2) <input type="checkbox"/> Change         | <u>PT</u> | <u>CAMUSIO FEDERICO M</u>      | <u>1805 PONCE DE LEON BLVD</u> |
| <input checked="" type="checkbox"/> Add    |           |                                | <u>APT 523</u>                 |
| <input type="checkbox"/> Remove            |           |                                | <u>CORAL GABLES, FL 33134</u>  |
| 3) <input type="checkbox"/> Change         | <u>VP</u> | <u>VOLONTERIO.OSVALDO O SR</u> | <u>170 OCEAN LN DR</u>         |
| <input type="checkbox"/> Add               |           |                                | <u>KEY BISCAYNE, FL 33149</u>  |
| <input checked="" type="checkbox"/> Remove |           |                                |                                |
| 4) <input type="checkbox"/> Change         | <u>VP</u> | <u>VOLONTERIO OSVALDO F</u>    | <u>170 OCEAN LN DR APT 603</u> |
| <input checked="" type="checkbox"/> Add    |           |                                | <u>KEY BISCAYNE, FL 33149</u>  |
| <input type="checkbox"/> Remove            |           |                                |                                |
| 5) <input type="checkbox"/> Change         | <u>S</u>  | <u>RUSSO, LEONARDO L SR</u>    | <u>3751 SW 160TH AVE</u>       |
| <input type="checkbox"/> Add               |           |                                | <u>MIRAMAR, FL 33027</u>       |
| <input checked="" type="checkbox"/> Remove |           |                                |                                |
| 6) <input type="checkbox"/> Change         | <u>S</u>  | <u>RUSSO LEONARDO C</u>        | <u>3751 SW 160TH AVE</u>       |
| <input checked="" type="checkbox"/> Add    |           |                                | <u>MIRAMAR, FL 33027</u>       |
| <input type="checkbox"/> Remove            |           |                                |                                |

E. If amending or adding additional Articles, enter change(s) here:

*(Attach additional sheets, if necessary). (Be specific)*

N/A

F. 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 not applicable, indicate N/A)*

N/A

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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

04/12/2022  
Dated \_\_\_\_\_

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)

FEDERICO CAMUSIO

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000022669

**Entity Name:** SMOOTHIES THREE ARG CORP

**Current Principal Place of Business:**

7000 NW 37TH CT  
MIAMI, FL 33147

**Current Mailing Address:**

1805 PONCE DE LEON BLVD  
APT 523  
CORAL GABLES, FL 33134 US

**FEI Number:** 86-2689418

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAMUSIO, FEDERICO F SR  
1805 PONCE DE LEON BLVD  
APT 523  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CAMUSIO, FEDERICO F SR  
Address        1805 PONCE DE LEON BLVD  
                  APT 523  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            VOLONTERIO, OSVALDO SR  
Address        170 OCEAN LN DR  
City-State-Zip: KEY BISCAYNE FL 33149

Title            SECRETARY  
Name            RUSSO, LEONARDO SR  
Address        3751 SW 160TH AVE  
City-State-Zip: MIRAMAR FL 33027

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FEDERICO CAMUSIO

**PRESIDENT**

**03/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date