P21000025558

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SECKEJARY OF STATE
FALLAHASSEE, FLORIDA

NOV 2 2021 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BAROMA ENTERPRISES CORPORATION DOCUMENT NUMBER: P21000025558 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RONALD TORRES Name of Contact Person BAROMA ENTERPRISES CORPORATION Firm/ Company 8751 SW 2ND TER Address MIAMI, FL 33174 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RONALD TORRES _at (786) 217-4222 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

t as

Articles of Incorporation

of

BAROMA ENTERPRISES CORPORATION	AR C
(Name of Corporation as currently filed with the Florida Dept. of State)	SE T
P21000025558	SEE C
(Document Number of Corporation (if known)	FS
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation:	owing am
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 abbre "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must c "chartered," "professional association," or the abbreviation "P.A."	viation "Corp.," ontain the word
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 <u>MAY BE A POST OFFICE BOX</u>)	
	
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:	
(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 posi	tion.
Signature of New Registered Agent, if changing	

 \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: \underline{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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	BARBARO M. MORENO	3930 SW 58 AVE
Add			MIAMI FL 33155
X Remove			
2) Change	P	MAYKEL GUEVARA	6121 W 24 AVE APT 201
Add			HIALEAH, FL 33016
X Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding a (Attach additional sheets,	if necessary).	(Be specific)	<u>syaj ilete</u> ,			
						
						
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	<u>-</u>	<u> </u>				
If an amendment provid	<u>ies for an exchar</u>	ige, reclassific:	ation, or cance	<u>llation of issu</u>	ed shares,	
provisions for impleme (if not applicable, in	nting the amend	<u>lment if not eo</u>	ntained in the	<u>amendment it</u>	<u>tself:</u>	
grant spyritaine, in	141041(14771)					
		<u> </u>		<u>.</u>		
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<u> </u>	_			 -		
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The date of each amendment(s) ad date this document was signed.	option:	if o	ther tl	ian the
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date woartment of State's records.	ill not be	listed	as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
★ The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of directors without shareholder action at	nd shareho	older	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.			
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):			
	for the amendment(s) was/were sufficient for approval	SEUR TALLA	2021 OCT 22	
by	(voting group)	E IAI HAS)CT ;	77
10/18/2021 Dated Signature	Jonn Vinges	RY OF STATE SEE, FLORID,	22 PM 6:51	UBLI
(By Alii selected	ector, president of other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	<u></u>	_	
	RONALD TORRES			
-	(Typed or printed name of person signing)			
	PRESIDENT			
-	(Title of person signing)			