P21000029092

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COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

NAME OF CORPO	ORATION: ADRIANA BUST	AMANTE ENTERPRICE.	INC
	1BER: P21000029092		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	itter to the following:	
	JORGE SAAVEDRA		
		Name of Contact Person	n
	AMERICA INCOME TAX		
		Firm/ Company	<u> </u>
	2896 FOREST HILL BLVD		
		Address	• • • •
	PALM SPRINGS, FL 33406		
		City/ State and Zip Cod	e
	jorgesaa@bellsouth.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
JORGE SAAVEDRA		at (<u>561</u>	8561739
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	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)

Street Address
Amendment Section

Division of Corporations

The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

01		
ADRIANA BUSTAMANTE ENTERPRICE, INC		
(Name of Corporation as current	ly filed with the Florida Dept. of Sta	<u>te</u>)
P21000029092		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
ADRIANA BUSTAMANTE ENTERPRISE, INC		The new
name 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.	A professional corporation name mu	bbreviation "Corp.," ist contain the word
B. Enter new principal office address, if applicable:	3692 TERRAPIN LANE APT 160)1
(Principal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS, FL 33067	20.
		76 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3692 TERRAPIN LANE APT 160	P 24
(Malling dutress MAT BL AT OST OTTICE BOX)	CORAL SPRINGS, FL 33067	%
		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	dress in Florida, enter the name of th	re
new registered agent and/or the new registered office address	31	
Name of New Registered Agent		
(Florida st	treet address)	
New Registered Office Address:	, Florid	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the	position.
Therety accept the appointment as registered agent. I am jamina	The same asserts are surregular by the	

Signature of New Registered Agent, if changing

Check 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)

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 Doc	
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			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

Attach additional sheets, if necessary). (Be specific)				
					
		•			
					
					
	· -				
an amendment provides for an ex	change, reclassifica	ation, or cancella	tion of issued shar	res,	
rovisions for implementing the ar	nendment if not co	ntained in the an	nendment itself:		
(if not applicable, indicate N/A)					
					

The date of each amendment(s) ac	09/20/2021 loption:	, if other than
date this document was signed.		
Effective date if applicable:	3/2021	H. 111-F-7
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as
Adoption 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 shareholder	action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendn fficient for approval.	nent(s)
	roved by the shareholders through voting groups. The following stateach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
09/20/2021		
Dated		
Signature	Bustamante	·
selected	rector, president or other officer – if directors or officers have not be, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	ADRIANA M BUSTAMANTE	
-	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	

the

the