To:

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001391363)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

			Division of Co	prporations
٨	9: 33	From:	Fax Number	: (850)617-6380
	2021 APR 20 AM	in in its second and	Phone Fax Number the email addres	: SORSHER & ASSOCIATES, LLC. : 120170000056 : (954)842-2931 : (954)842-2936 s for this business entity to be used for fings. Enter only one email address please.**
	(-4)	~ ···		ea. curet outh our swall addless blease *.

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN FITINENA-2011, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

₹,

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Amendment Section

Tallahassee, FL 32314

COYER LETTER

Division of Co	rporations			
NAME OF CORPO	DRATION: FIFINENA_201	I, INC.		
DOCUMENT NUM	1BER: P21000029470			
The enclosed Article	s of Amendment and fee are	submitted for fifing.		
	espondence concerning this m			
	TSIPKO, NINA	5		
	FIFINENA_2011, INC.	Name of Contact Pers	on	
	Firm/ Company 2500 PARKVIEW DR., STE 2517			
	HALLANDALE, FL 33009	Address		
		City/ State and Zip Cod		
	NINOCHKA777@HOTMA	IL.COM		
	E-mail address: (to be u	sed for luture annual repor	t notification)	
For further informatio	n concerning this matter, plea	ise call:		
TSIPKO, NINA		at (514	574-5905	
Name i	of Contact Person	Arca Co	574-5905 ode & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	
\$35 Filling 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)	
Ame Divi	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section In of Corporations entre of Tallahassee	

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) (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. Hamending name, enter the new name of the corporation: FIFINENA_2011, INC. **Name must be distinguishable and contain the word "corporation." "company," or "Incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered," "professional designation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered," "professional office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) D. Itamending 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: **Nume of New Registered Agent** **Nume Triple** **Nume of New Registered Agent**	FITINENA-2011, INC.	•
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: FIFINENA_2011, INC. The new name and she 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 MLIST BEASTREET ADDRESS) C. Enter new malling address, If applicable: (Muiling address MAY BEA POST OFFICE BOX) 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 (City) Florida Cip Code) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: (thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tripko Signature of New Registered Agent, if changing Check If applicable	P21000029470	ently filed with the Florida Dept. of State)
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: FIFINENA_2011, INC. The new name and she 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 MLIST BEASTREET ADDRESS) C. Enter new malling address, If applicable: (Muiling address MAY BEA POST OFFICE BOX) 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 (City) Florida Cip Code) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: (thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tripko Signature of New Registered Agent, if changing Check If applicable	(Document Numbo	er of Corporation (if known)
***PIRINENA_2011, INC.** ***Iname 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.," or the designation "Corp.," "chartered." "professional association," or the abbreviation "P.A." **B. Enter new principal office address, if applicable: (Principal office address, if applicable: (Principal office address, If applicable: (Mulling address, MAY BEA STREET ADDRESS) **C. Enter new malling address, If applicable: (Mulling address MAY BEA POST OFFICE BOX) **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** **Name of New Registered Agent** **New Registered Office Address:** (City), Florida. (City), Florida. **New Registered Agent's Signature, if changing Registered Agent: 1 am familiar with and accept the obligations of the position Nina Tripko** **Nignature of New Registered Agent, if changing Check if applicable.		
***PIRINENA_2011, INC.** ***Iname 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.," or the designation "Corp.," "chartered." "professional association," or the abbreviation "P.A." **B. Enter new principal office address, if applicable: (Principal office address, if applicable: (Principal office address, If applicable: (Mulling address, MAY BEA STREET ADDRESS) **C. Enter new malling address, If applicable: (Mulling address MAY BEA POST OFFICE BOX) **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** **Name of New Registered Agent** **New Registered Office Address:** (City), Florida. (City), Florida. **New Registered Agent's Signature, if changing Registered Agent: 1 am familiar with and accept the obligations of the position Nina Tripko** **Nignature of New Registered Agent, if changing Check if applicable.	A. If amending name, enter the new name of the corneration:	
"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: (Muiling address MAY BE A POST OFFICE BOX) 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: Nums of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tripke Nignature of New Registered Agent. if changing Check If applicable	FIFINENA_2011, INC.	
C. Enter new mailing address, If applicable: (Mniling address MAY BE A POST OFFICE BOX) 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: Nume of New Registered Agent (Florida street address) New Registered Office Address: (Chy) (Chy) 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 Nina Tupko Signature of New Registered Agent, if changing Check If applicable	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.	""company," or "Incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word 4."
C. Enter new malling address, If applicable: (Muiling address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (Chy) (Poode) 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 Nina Tapko Signature of New Registered Agent, if changing Check If applicable	B. Enter new principal office address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX) 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: Numv of New Registered Agent (Florida street address) New Registered Office Address: (City) Florida (City) 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 Nina Tuple Signature of New Registered Agent, if changing Check if applicable	(Principal office address MUST BE A STREET ADDRESS)	3
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: Numu of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tsipko Signature of New Registered Agent, if changing		
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: Numu of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tsipko Signature of New Registered Agent, if changing		
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 (Florida street address) New Registered Office Address: (City) Florida (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tupka Signature of New Registered Agent, if changing	C. Enter new mailing address, if applicable:	189
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tripko Signature of New Registered Agent, if changing Check If applicable	(Holding address MAT BE A POST OFFICE BOX)	
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tripko Signature of New Registered Agent, if changing Check If applicable		
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tripko Signature of New Registered Agent, if changing Check If applicable		
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tripko Signature of New Registered Agent, if changing Check If applicable	D. If amending the registered agent and/or registered office of	
(Florida street address) New Registered Office Address: (City) (City) (City) (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tsipko Signature of New Registered Agent, if changing	new registered agent and/or the new registered office addre	ss;
(Florida street address) New Registered Office Address: (City) (City) (City) (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tsipko Signature of New Registered Agent, if changing	Name of New Registered Agent	
New Registered Office Address: (City) (City) (City Code) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tsipko Signature of New Registered Agent, if changing Check If applicable		
New Registered Office Address: (City) (City) (City Code) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tsipko Signature of New Registered Agent, if changing Check If applicable	(Florida s	sireel address)
(City) (Tip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tsipko Signature of New Registered Agent, if changing Check If applicable		,
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Nina Tripko Signature of New Registered Agent, if changing Check If applicable	office made cost.	40.1
Nina Tripko Signature of New Registered Agent, if changing Check If applicable		(in Code)
Signature of New Registered Agent, if changing Check If applicable	New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the position
Signature of New Registered Agent, if changing Check If applicable	Nina Tsipko	
Check If applicable	Signature of New 1	Registered Agent, if changing
	Check If applicable	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and (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.

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 un Add.

X Change	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$Y</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	~~	-	
Remove			
2) Change		-	<u> </u>
Add			
Remove Change	~		
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		•	·
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			

Attach additional sheets, if necessary).	<u>licles, enter change(s) here</u> : (Be specific)
_	
- \	
n amazadan	
n amendment provides for an exchan	nge, reclassification, or cancellation of issued shares,
n amendment provides for an exchan ovisions for implementing the amenda (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
n amendment provides for an exchan ovisions for implementing the amenda (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, iment if not contained in the amendment itself:
n amendment provides for an exchan ovisions for implementing the amendi (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, iment if not contained in the amendment itself:
n amendment provides for an exchan ovisions for implementing the amenda (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, iment if not contained in the amendment itself:
n amendment provides for an exchan ovisions for implementing the amenda (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, iment if not contained in the amendment itself:
n amendment provides for an exchangy islands for implementing the amendi (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
n amendment provides for an exchan ovisions for implementing the amenda (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, iment if not contained in the amendment itself:
n amendment provides for an exchanovisions for implementing the amendition (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, iment if not contained in the amendment itself:
n amendment provides for an exchan ovisions for implementing the amendi (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, iment if not contained in the amendment itself:
in amendment provides for an exchan eyrisions for implementing the amendi (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, iment if not contained in the amendment itself:
in amendment provides for an exchanovisions for implementing the amendicity (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, iment if not contained in the amendment itself:
in amendment provides for an exchan ovisions for implementing the amendi (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, iment if not contained in the amendment itself:

vace this document was signed	t(s) adoption:, if other than t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in a document's effective date on the	this block does not meet the applicable statutory lifting requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE)</u>
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
If The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
, . <u></u> . <u></u>	(voting group)
04/07/2 Dated	021
Signature	Nina Tsipko
(By	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	TSIPKO, NINA
	(Tuned or sixed
	(Typed or printed name of person signing)
	PRESIDENT