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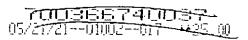
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MAY 20 2021

I ALBRITTON



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: ALEXA & MIKE	INC.	
DOCUMENT NU	MBER:		-
	es of Amendment and fee are su	bmitted for filing.	
Please return all co	respondence concerning this ma	itter to the following:	
	MARIA A. RICAURTE		
		Name of Contact Person	1
	ALEXA & MIKE INC.		
		Firm/ Company	
	2909 SADDLEBRED TRL.		
		Address	
	CHULUOTA, FL 32766		
		City/ State and Zip Cod	e
	ALEJA_RIDI@HOTMAIL.	СОМ	
	E-mail address: (to be u	sed for future annual report	notification)
For further informa	tion concerning this matter, plea	se call:	
MARIA A. RICAU	JRTE	at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALEXA & MIKE INC.			
(Name of Corpo	ration as currently file	d with the Florida Dept. o	of State)
P21000030994			
(Do	ocument Number of Cor	poration (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flori</i>	da Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of th	ne corporation:		
			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the al	Inc." or "Co". A pro		the abbreviation "Corp.,"
B. Enter new principal office address, if applica	able:		
(Principal office address <u>MUST BE A STREET</u>)	ADDRESS)		
	_		
C. Pater and mallion address if any limited			1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		San
			Q 1
			<u> </u>
	_		To the second second
D. If amending the registered agent and/or registered		n Florida, enter the name	of the
new registered agent and/or the new register	red office address:		
Name of New Registered Agent			
	(Florida street ad	ldressi	
N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			71 · 1
New Registered Office Address:	(City)		florida (Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered ager		md accept the obligations o	of the position.
_ 			
Ç	Sometimes of Nove Radieti	and tour 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)

Example:

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

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	VP	MIGUEL ANGEL RICAURTE	2909 SADDLEBRED TRL.
Add			CHULUOTA, FL 32766
X Remove	0	MARIA A. DIAZ SANTOS	2909 SADDLEBRED TRL.
2) Change Add			CHULUOTA, FL 32766
X Remove 3.) Change	0	CAMILA F. RICAURTE	2909 SADDLEBRED TRL.
Add			CHULUOTA, FL 32766
X Remove 4) Change	<u> </u>	SOFIA TERESA RICAURTE	2909 SADDLEBRED TRL.
Add X Remove			CHULUOTA, FL 32766
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

(Attach	ding or adding additional Articles, enter change(s) here: dditional sheets, if necessary).—(Be specific)
	
	
_	
If an ar	endment provides for an exchange, reclassification, or cancellation of issued shares,
provis	ons for implementing the amendment if not contained in the amendment itself:
(ij	iot applicable, indicate N/A)
	

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TI 1	May 18, 2021	, if other than the
The date of each amendment(s) addate this document was signed.	aption:	, ii other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dopartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adoptaction was not required.	nted by the incorporators, or board of directors without shareholder acti	ion and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
	oved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	<i>હમા</i>
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated		
Signature	ector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other cou	
	d fiduciary by that tiduciary)	
;	MARIA A. RICAURTE	
-	(Typed or printed name of person signing)	
1	PRESIDENT	

(Title of person signing)