P21000033229

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SECRETARY OF STATE

A. Butter

COVER LETTER

		COVERLETTER	•
TO: Amendment Sec Division of Corp			· · · · · · · · · · · · · · · · · · ·
NAME OF CORPO	RATION: AVEFENIX JOYA	AS INC	
DOCUMENT NUM	BER: P21000033229		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	OLGA CLEMENCIA MARI	N SALAZAR	
		Name of Contact Persor	1
		Firm/ Company	
	4200 SW 36ST ST		
		Address	
	WEST PARK FL 33023		
		City/ State and Zip Code	
	OLGACLEM@YAHOO.CO	М	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
OLGA CLEMENCIA	MARIN SALAZAR	at (<u>786</u>	3893505
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Address ment Section

Division of Corporations
The Centre of Tallahassee

Division of Corporations

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

FILED

AVEFENIX JOYAS INC (Name of Corporation as currently filed with the Florida Dept of State) P21000033229 (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: AVEFENIX JEWELRY INC 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) C. Enter new mailing address, if applicable: (Mailing 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: REV MULTI SERVICE INC Name of New Registered Agent 16499 NE 19TH AVE SUITE 218 (Florida street address) MIAMI New Registered Office Address: (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.

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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		• • • • • • • • • • • • • • • • • • •	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary),	(Be specific)
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<u> </u>	
t an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

04/23/2021	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	<u></u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareho action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	ig statement st(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by''	
by	
04/23/2021	
Signature In May	
(By a director, president or other officer – if directors or officers have sylected, by an incorporator – if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)	not been other court
OLGA CLEMENCIA MARIN SALAZAR	
(Typed or printed name of person signing)	· <u> </u>
PDS	
(Title of person signing)	