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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CARRIL LAS PA	LMAS INC		
DOCUMENT NUN	D21000021700	•		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	itter to the following:		
	NORBERTO BENITEZ-CA	LDERON		
	Name of Contact Person			
CARRIL LAS PALMAS INC				
		Firm/ Company		
	2715 WESTGATE AVE	, ,		
Address				
WEST PALM BEACH, FL 33409				
City/ State and Zip Code				
	RODI919@AOL.COM			
	•	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:	_) 714-5823	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	nrtment of State;	
■ \$35 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		Division of Corporations		
P.O. Box 6527			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CARRIL LAS PALMAS INC				
(Name of Corporation as current	tly filed with the Florida Dept. of Sta	<u>te</u>)		
P21000033680				
(Document Number	of Corporation (if known)	-		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the	e following an	nendm	ient(s)
A. If amending name, enter the new name of the corporation:				
		Th	ie nes	и.
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 mi	bbreviation" ist contain th	Corp., ie wor	 d
B. Enter new principal office address, if applicable:			-22	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u> </u>	
		* *		4
			1	e a mari
C. Enter new mailing address, if applicable:				٠٠٠.
(Mailing address MAY BE A POST OFFICE BOX)			===	7
		-10	<u>بب</u>	` <u></u> .
			37	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the	<u>ne</u>		
·	 -			
Name of New Registered Agent				
(Florida :	street address)			
New Registered Office Address:	, Floric	la(Zip Cod		-
	(City)	(2.1p C)M	.,	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ur with and accept the obligations of the	position.		
:				
Signature of New	e Registered Agent, if changing			
ing minit by the n	The state of the s			

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	V	YERALDI BENITEZ	824 DOGWOOD RD
X Add		_	WEST PALM BEACH, FL 33409
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<u>-</u>		
Remove			

tach additional sheets, if necessary).	(Be specific)
	······································
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

.

	05/20/2021	to a la al
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	20/2021	
Effective date <u>if applicable</u> :	(no more than 90) days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
5/20/2021		
Dated		
Signature		
(By a select	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	NORBERTO BENITEZ-CALDERON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	