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.

(((H210002441563)))



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

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIJOENNA SERVICES INC

Account Number : 120080000033

Phone : (305)644-3055

Fax Number : (305)644-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	·
		·

COR AMND/RESTATE/CORRECT OR O/D RESIGN **SHENZEN 33 CORPORATION**

Certificate of Stanis	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

JUN 2 3 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Amendment Section Division of Corporations					
ME OF CORPORATION: P21000037524					
CUMENT NUMBER: SHENZEN 33 CORPORATION					
te enclosed Articles of Amendment and fee are submitted for filing.					
pase return all correspondence concerning this matter to the following:					
ENNA DIEPPA					
Name of Contact Person					
RISJOENNA SERVICES INC					
Firm/ Company					
2141 SW 1 ST SUITE 110					
. Address					
MIAMI, FL 33135					
. City/ State and Zip Code					
KRISJOENNA@YAHOO.COM					
E-mail address: (to be used for future annual report notification)					
f further information concerning this matter, please call:					
:					
NA DIEPPA 7864997132					
Name of Contact Person Area Code & Daytime Telephone Number					
closed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filling Fee See \$\Bigcup \Bigcup \					
:. Certificate of Status Certified Copy Certificate of Status					
(Additional copy is Certified Copy enclosed) (Additional Copy					
is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section					
. Division of Corporations Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee					
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Articles of Amendment to Articles of Incorporation of

i		Atticies of th
;	}	
:	!	ŋ
;	;	•
•	,	

: (Name of Corporation as currently	v filed with the Florida Dept. of State)	
000037524	r men with the Piorida Dept. of State)	
(Document Number of	Corporation (if known)	
: suant to the provisions of section 607.1006, Florida Statutes, this F Articles of Incorporation:	•	owing amendment®
: If amending name, enter the new name of the corporation:		
ie must be distinguishable and contain the word "corporation," "ecc.," or Co.," or the designation "Corp," "Inc," or "Co". A artered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbre professional corporation name must co	The new viation "Corp.," ontain the word
: <u>Enter new principal office address, if applicable:</u> ncipal office address <u>MUST BE A STREET ADDRESS</u>)	2141 SW 1 ST SUITE 110, MIAMI FI	L 33135
() W W W W W W W		
Enter new mailing address, if applicable: (Mailing uddress MAY BE A POST OFFICE BOX)	2141 SW 1 ST SUITE 110, MIAMI FL	.33135
:		
I amending the registered agent and/or registered office addre- new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stree	el uddress)	
: New Registered Office Address:		
. (0	City) (Zip Code)
Parish and described to		
Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the positi	on.
:		
. Signature of New Reg	gistered Agent, if changing	·· ·····

Į	Jun. 22. 2021 10:	45AM			No. 0577 F. 6/8
i PPEPCaM	tach additional sheets case note the officer/di = President; V= Vice ecutive Officer: CFO = esident, Treasurer, Dinanges should be noted thange. Mike Jones leake Jones, V as Remove	and/or L , if neces, rector tit Presiden = Chief F rector wo I in the fo ives the c	sary) le by the f t; T= Tree inancial C ould be PT ollowing m corporatio	iving added: Text letter of the office title; asurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds more the D. To anner. Currently John Doe is listed as the n, Sally Smith is named the V and S. Thes	er/director heing removed and title, name, and Trustee: C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office held. the PST and Mike Jones is listed as the V. There is the should be noted as John Doe, PT as a Change.
	ample: Change	<u>PT</u>	John Do	<u>0e</u>	
-	Remove	<u>V</u>	Mike Jo	nes .	
	Add :	<u>sv</u>	Sally Sr	nith	
	i: pe of Action heck One)	Title		Name	Address
1)	Change	P	_	DE ARMAS CLAUDIA	3401 NW 7TH AVE
	Add		_		MIAMI, FL 33127
	X Remove				
2)	Change	P		CLAUDIA DE ARMAS	2141 SW 1 ST SUITE 110
	X Add				MIAMI FL 33135
3]	Remove Change		-		
	Add Remove				
4)	Change		- -		
	Add				
	Remove				
5)	. Change		_		
	Add				
	Remove				
<u>ඉ</u>	Change		_		
	Add				

Remove

	No. 057	7 ? .	8/8
	date of each amendment(s) adoption:	, if ot	her than the
aare	this document was signed. 06/22/2021		
ΕĦ	ective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)		
Not	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date withment's effective date on the Department of State's records.	ll not be	listed as the
A	ption of Amendment(s) (CHECK ONE)		
	the amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and cition was not required.	i sharcho	lder
	the amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.		
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval	FALLAH	2021 JUN 22
	by		- 20 E
	(voting group)	1717 1717 1717	N T
	06/22/2021 Dared	JE STATE	TH 8: 21
	Signature Claudia DE ARMAS		
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
	CLAUDIA DE ARMAS		
	(Typed or printed name of person signing)		 -
	PRESIDENTE		
	(Title of person signing)		_