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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAMADRID FINANCIAL SERVICES CORP

Account Number : I20200000059

: (954)727-9771

Phone

Fax Number

: (954)727-9773

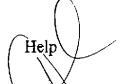
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ADJMIR INTERNATIONAL CORP

Certificate of Status	0
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Corporate Filing Menu



## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ADJMIR INTERNATIONAL CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Adjmir Abel Pena Barrios Name of Contact Person Firm/ Company 5900 NW 97TH AVENUE UNIT 1 Address Miami, FL 33178 City/ State and Zip Code adjmir@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 480-0269

Area Code & Daytime Telephone Number Adjmir Abel Pena Barrios Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee 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

> Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

	of	[		
ADJMIR INTERNATIONAL CORP				
(Name	of Corporation as current	ly filed with the Florida De	ept. of State)	
P21000047622			. —	
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Plorida Statutes, this	Florida Profit Corporation	adopts the following ame	endment(s) to
A. If amending name, enter the new i	name of the composition:			
	asme of the corporation.			26
name must be distinguishable and contain	in the word "corneration " "	annami V or Virginia		Party.
"Inc.," or Co.," or the designation " "chartered," "professional association,	"Corp." "Inc." or "Co". 7	A professional corporation	" or the aboreviation "Co name must contain the	word
B. Enter new principal office address (Principal office address <u>MUST BE A.</u> S	, if applicable: STREET ADDRESS )		· · ·	
		<u></u>		<del></del>
			<u>:</u>	100
C. Enter new mailing address, if app	licable:			
(Mailing address MAY BE A POST				
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		<del></del>		_
). If amending the registered agent as	nd/or registered office addr	ess in Florida, enter the na	me of the	
new registered agent and/or the ne		•		
Name of New Registered Agent	Lamadrid Financial Service	es Corp		
	10154 W Flagler Street			
	(Florida stre	et address)		
New Registered Office Address:	Miami		_, Florida	
	(	City)	(Zip Code)	_
New Registered Agent's Signature, if c hereby accept the appointment as regist	<u>banging Registered Agent:</u> ered agent. I am familiar w	ith and accept the obligation	s of the position	
7 11			a of the pooners	
		of and		
	Signature of New Res	gistered Agent, if changing		
Theck if applicable I The amendment(s) is/are being filed p	ursuant 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>	<u> John C</u>	<del>)oc</del>	
X Remove	<u>V</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change				
Add				2024 JUL
Remove				
2) Change		<del></del>		
Add				AH 9:
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
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5) Change		_		
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The date of each amendment(s date this document was signed.	s) waobtion:		<del>-</del>		·	_, if other	than th
Effective date if applicable:							
		(no more than	90 days after amena	ment file date)			•
Note: If the date inserted in the document's effective date on the	is block does Department	s not meet the appl of State's records.	icable statutory filin	ig requirements, th	us date will r	not be list	ed as the
Adoption of Amendment(s)	((	CHECK ONE)					
■ The amendment(s) was/were action was not required.	adopted by ti	he incorporators, or	board of directors v	vithout shareholder	action and s	hareholde	r
☐ The amendment(s) was/were by the shareholders was/were	adopted by the sufficient fo	he shareholders. Ti or approval.	he number of votes c	ast for the amendn	nent(s)		
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by				<b>11</b>	-;	29	?
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	Adjmir Pe	ena					
		(Typed or printed	name of person sign	ing)	· · · · · ·		
	President						
	<del></del>	(Title of person sig	mine)		-		

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