## P21000047641

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(Address)				
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A. BUTLER

DEC - 5 2021

## **COVER LETTER**

TO: Amendment Section Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ABMINFIN & AMELICA EXPERT. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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

**Mailing Address** 

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

is enclosed)

2415 N. Monroe Street, Suite 810

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

**Articles of Amendment** 

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^	Articles of Incorporation	· · · · · · · · · · · · · · · · · · ·
5-100 51	of	1
JELFISH STOR	E COLPURATION	U 2021 1:0V 22 AM 10: 59
(Name of Cor	rporation as currently filed with the	Florida Dept. of State)
Pil 0000	47641	COUNTY HAS DESTAIN
	(Document Number of Corporation (i)	(known)
	·	
rsuant to the provisions of section 607,1006,	Florida Statutes, this Florida Profit C	Corporation adopts the following amendment
Articles of Incorporation:		
If amending name, enter the new name o	f the corporation:	
	<del></del>	
man arrang has distributed by the first of the second		The new
me must be distinguishable and contain the w nc.," or Co.," or the designation "Corp,"	ora corporation, "company, or "i "The " or "Co" - A professional c	ncorporated or the abbreviation "Corp.,"
hartered," "professional association," or th	e ahbreviation "P A,"	or portation name must contain the word
Enter new principal office address, if app		
rincipul office uddress <u>MUST BE A STREE</u>	<u>:TADDRESS</u> )	
	<del></del>	
<b></b>		<del></del>
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	- CE BAY	
muning duaress MAT DE A FOST OFFI	LE BOX)	
If amending the registered agent and/or r	egistered office address in Florida.	enter the name of the
new registered agent and/or the new regis	stered office address:	
Name of Viv. Districtions I to use		
Name of New Registered Agent	<del>-</del>	
	(Florida street address)	
New Registered Office Address:		gl
New Registered Chiftee Address.	(City)	Florida (Zip Code)
		(zip Code)
w Devictored Americ Claret	D	
w Registered Agent's Signature, if changing the ereby accept the appointment as registered a	ig Registered Agent:	he obligations of the projetor
and the supportation of the succession of the su	<sub>5</sub> ст сын зышны жин ини ассері і.	ne occigations of the position.
<del></del>	Character CV D	
	Signature of New Registered Agent,	if changing
eck if annlicable		

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change  X Add		TATIANE TEIXEIRA S. DIAS	412 W DILIDO DR MIAMI BEACH, FL 33139
Remove 2) Change		<del>-</del>	
Add			
Remove Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del>-</del>
6) Change			<del></del>
Add			
Remove			

	(Be specific)
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<u></u>	
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for any advantage of the form	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this didocument's effective date on the Department of State's records.	ate will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	sent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
Dated October 4th 2021	
Signature BEAR2 LONE PO  (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 cou appointed fiduciary by that fiduciary)	rt
MARIA BEATRIZ FREIRE LOURE (Typed or printed name of person signing)	/RO
<u> </u>	
(Title of person signing)	

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the





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October 12, 2021

VANESSA SALGADO AMERICA EXPERT LLC 409 NW 10TH TERRACE HALLANDALE BEACH, FL 33009 US

SUBJECT: SELFISH STORE CORPORATION

Ref. Number: P21000047641

We have received your document for SELFISH STORE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00024740

Anissa Butler Regulatory Specialist II

www.sunbiz.org