## P21000051111

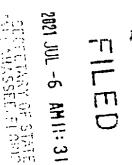
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: FRESH SALMON	CORP	
DOCUMENT NUMBER: P21000051111	- <u> </u>	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
THAMARA PEREZ		
	Name of Contact Person	1
TABADESA ASSOCIATES	INC	
	Firm/ Company	<del>.</del>
419 W 49 ST, STE 111	Time Company	
	Address	
HIALEAH, FL 33012		
<del></del>	City/ State and Zip Code	e
TAMMYP@TABADESA.COM		
~	ed for future annual report	notification)
		,
For further information concerning this matter, please	e call:	
THAMARA PEREZ	at (	558-0622
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:
S35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section In of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2021 JUL -6 AMII: 31

FRESH SALMON CORP

(Name o	of Corporation as curre	ntly filed with the Florida Dept. of State)	
P21000051111		10 MSL 11 00 00 0	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new_na	me of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	The new tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable:		419 W 49 ST	
(Principal office address MUST BE A S		STEIII	
		HIALEAH, FL 33012	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		419 W 49 ST	
		STEIII	
		HIALEAH, FL 33012	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent			
	419 W 49 ST, STEI I I		
	(Florida	street address)	
New Registered Office Address:	HIALEAH	, Florida	
		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age ered agent. I am familia	nt: or with and accept the obligations of the position.	
	Signature of Nev	v Revistered Agent, if changing	

## 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
X Change	Р	JOSE FERNANDO ATOUAN BEYLONE	419 W 49 ST
Add			STEIII
Remove			HIALEAH,FL 33012
2) Change			
Add			
Remove			<del></del>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(At	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
-		
	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	

.

The date of each amendment(s) a date this document was signed.	doption:, if other than the
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 not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
06/21/202 Dated Signature	Od July
selecto	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 attend fiduciary by that fiduciary)
	JOSE FERNANDO ATOUAN BEYLONE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

• • •