P21000052253

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiness Endy Harne)
(Document Number)
Certified Copies Certificates of Status
_
Special Instructions to Filing Officer:

Office Use Only



500372228955

50037223955 08/27/21-0008--006 **35.00



A. Butler 9/10/21

COVER LETTER

Division of Corporations Groung NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: COTOMING For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: X \$35 Filing Fee ☐\$43.75 Fiting Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copyis enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

4.1	of	1	mars of	**
HIESSA (OFOMING Corporation as currently	Inc	· ······ · · · · · · · · · · · · · · ·	.g
			epilZif State 27 PHI	2: 35
P2100	00052253		. Nana	
	(Document Number of	Corporation (if known)	111	語言
Pursuant to the provisions of section 607 Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following a	mendn
A. If amending name, enter the new na	me of the corporation:			
AlessA (prooming	INC	Т	he ne
ame must be distinguishable and contain 'Inc.,''' or Co.,''' or the designation "C 'chartered,''' "professional association,"	the word "corporation!" "ce orp," "Inc," or "Co". A	ompany, " or "incorporate	d" or the abbreviation '	"Corp.,
3. Enter new principal office address, i Principal office address <u>MUST BE A ST</u>			PST 60 S	
		HALEA	h, P1 33	0/
Enter new mailing address, if applie (Mailing address <u>MAY BE A POST C</u>			14	
). <u>If amending the registered agent an</u>	d/or registered office addre	ess in Florida, enter the	name of the	
new registered agent and/or the new	registered office address:	/		
Name of New Registered Agent		n/A-		
	(Florida stree	rt address)		
New Registered Office Address:		n/4	. Florida	
	(6	Tity) ((Zip Code	e)
lew Registered Agent's Signature, if ch hereby accept the appointment as registe	anging Registered Agent: red agent. I am familiar wi	th and accept the obligati . • /	ons of the position.	
	C: CM D	h/A		
	Signature of New Rey	dstered Agent, if changin	g	

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, na 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officerident, 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. 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe			
X Remove	V	Mike Jones	1		
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	P.			·	
Add					
Remove					
2) Change					
Add					
Remove Change					
Add					
Remove					
4) Change	-				
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

, , , , , , , , , , , , , , , , , , ,	enecessary), (Be specific)	nA	
			
-		, <u>, , , , , , , , , , , , , , , , , , </u>	-
			
			
		····	
f an amendment provide	s for an avehanna raelaccif	fication, or cancellation of is	renad charac
provisions for implement	ting the amendment if not	contained in the amendmen	t itself:
(if not applicable, ind	icate N/A)	1/1/	
		IVIF	
		·····	
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) a	doption:	, if other
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this document's effective date on the D	lock does not meet the applicable statutory filing requirer epartment of State's records.	nents, this date will not be liste
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sha	ireholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amena	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	8/10/2021	
Ç:	10) x	
selecte	irector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ted fiduciary by that fiduciary)	or other court
	Alejandro Fernandez (Typed or printed name of person signing)	- CIMA
	President (Title of person signing)	

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of ALESSA GROMING INC, a Florida corporation, filed electronically on June 02, 2021 effective June 02, 2021, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is P21000052253.

Authentication Code: 210604114556-100367532821#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourth day of June, 2021



Laurel M. Lee Secretary of State

Date of this notice: 06-04-20

Employer Identification Number

87-1042659

Form: SS-4

Number of this notice: CP 575

ALESSA GROMING INC % ALEJANDRO FERNANDEZ LIMA 2170 W 60TH ST APT 16117 HIALEAH, FL 33016

For assistance you may call us 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned EIN 87-1042659. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filling tax assuments, payments, and related correspondence, it is very important you use your ZIN and complete name and address exactly as shown above. Any varia may rause a delay in processing, result in incorrect information in your account, or e cause you to be assigned more than one ZIN. If the information is not correct as show above, please make the correction using the attached tear off stub and return it to us

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 04/15/2022

If you have questions about the form(s) or the due date(s) shown, you can call us the phone number or write to us at the address shown at the top of this notice. It you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or you representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. I (or superseding Revenue Procedure for the year at issue). Note Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-5 must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.