## P21000053719

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| ( identity                              |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Doddine (Tainibel)                     |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: N  | 1ajeloz Co                    | rp.   |                              |  |  |  |
|---|-------------------------------|---|------------------------------|--|--|--|
| DOCUMENT NUMBER: P21  | 00005371                      | 9   |                              |  |  |  |
| The enclosed Articles of Amendme  |                               |   | ng.                          | <del></del>  |  |  |
| Please return all correspondence co   | ncerning this ma              | itter to the follo                                      | wing:                        |  |  |  |
| Holly Be  | ejar                          |   |                              |  |  |  |
| <del>-</del>  | <u> </u>                      | Name of Co  | ntact Persor                 | 1  |  |  |
|   | <u> </u>                      | Firm/ C   | ompany                       |  |  |  |
| 505 Ma  | 505 Main Street Suite 200     |   |                              |  |  |  |
| Address Fort Worth, TX 76102  |                               |   |                              |  |  |  |
| <del></del>   | <u> </u>                      | City/ State a   | nd Zip Code                  |  |  |  |
| jclause(  | jclause@franfund.com          |   |                              |  |  |  |
| E-mail a  | ddress: (to be us             | ed for future ar  | inual report                 | notification)  |  |  |
| For further information concerning (  | his matter, pleas             | se call:  |                              |  |  |  |
| Holly Bejar   |                               | at (  | 817                          | , 730-4525   |  |  |
| Name of Contact Per   | son                           |   | Area Coo                     | 730-4525<br>le & Daytime Telephone Number  |  |  |
| Enclosed is a check for the following   | g amount made p               | payable to the P  | lorida Depa                  | rtment of State:   |  |  |
|   | 5 Filing Fee & cate of Status | S43.75 Fili<br>Certified Co<br>(Additional<br>enclosed) | ору                          | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)             |  |  |
| Mailing Address<br>Amendment Section<br>Division of Corpor<br>P.O. Box 6327<br>Tallahassee, FL 32 | rations                       |   | Divisior<br>The Ce<br>2415 N | Address ment Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 isee, FL 32303 |  |  |

## Articles of Amendment to Articles of Incorporation of

| Majeloz Corp.  |  |                   |
|--|--|-------------------|
| (Name of Corporation as currently  | filed with the Florida Dept. of State)         |                   |
| P21000053719   |  |                   |
| (Document Number of  | Corporation (if known)                         |                   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:  | dorida Profit Corporation adopts the following | ig amendment(s) t |
| A. If amending name, enter the new name of the corporation:  |  |                   |
| name must be distinguishable and contain the word "corporation," "co<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"chartered," "professional association," or the abbreviation "P.A." |  |                   |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |  |                   |
|  |  |                   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |  |                   |
|  |  |                   |
| <ol> <li>If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:</li> </ol>   | ss in Florida, enter the name of the           |                   |
| Name of New Registered Agent   |  | ິບ<br>-           |
| (Florida stree   | t address)                                     | -                 |
| New Registered Office Address:   | Florida  |                   |
| 10   | Zip) (Zip C                                    | Code)             |
| New Registered Agent's Signature, if changing Registered Agent:<br>hereby accept the appointment as registered agent.—I am familiar wi   | th and accept the obligations of the position. |                   |
| Signature of New Reg   | istered Agent, if changing                     | _                 |
| 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)

Example:

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.

| X Change                      | <u>PT</u> John        | n Doe           |                          |
|-------------------------------|-----------------------|-----------------|--------------------------|
| X Remove                      | <u>V</u> <u>Mik</u>   | se Jones        |                          |
| X Add                         | <u>SV</u> <u>Sall</u> | y Smith         |                          |
| Type of Action<br>(Check One) | <u>Title</u>          | <u>Name</u>     | <u>Addres</u> s          |
| 1) Change                     | S/T                   | Jeanette Lozada | 17903 SW 5 Street        |
| X Add                         |                       |                 | Pembroke Pines, FL 33029 |
| Remove                        | _                     |                 |                          |
| 2) Change                     | <u>D</u>              | Jeanette Lozada | 17903 SW 5 Street        |
| X Add                         |                       |                 | Pembroke Pines, FL 33029 |
| Remove 3) Change              | S/T                   | Jennifer Lozada | 17903 SW 5 Street        |
| 3 ) Change                    | 3/1                   | Jennilei Lozada | Pembroke Pines, FL 33029 |
| Add                           |                       |                 |                          |
| X Remove                      | _                     |                 |                          |
| 4) Change                     | <u>D</u>              | Jennifer Lozada | 17903 SW 5 Street        |
| Add                           |                       |                 | Pembroke Pines, FL 33029 |
| X Remove                      |                       |                 |                          |
| 5)Change                      |                       |                 |                          |
| Add                           |                       |                 |                          |
| Remove                        |                       |                 |                          |
| 6) Change                     | -                     |                 |                          |
| Add                           |                       |                 |                          |
| Remove                        |                       |                 |                          |

| (Attach additional sheets, if necessary). | cles, enter change(s) here:<br>(Be specific)              |
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| If an amendment provides for an exch      | ange, reclassification, or cancellation of issued shares, |
| avordalona for implementing the amor      |   |
| provisions for implementing the amer      |   |
| (if not applicable, indicate N/A)         |   |
| provisions for implementing the amer      |   |

| The date of each amendment(s) a  | June 8, 2021   | , if other than the                 |
|--|--|-------------------------------------|
| date this document was signed.   |  |                                     |
| Effective date if applicable:  |  |                                     |
| <del></del>  | (no more than 90 days after amendment file date)   |                                     |
| Note: If the date inserted in this bedocument's effective date on the De | block does not meet the applicable statutory filing requirements, epartment of State's records.  | this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |                                     |
| The amendment(s) was/were add action was not required.                   | opted by the incorporators, or board of directors without sharehold  | er action and shareholder           |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were so       | opted by the shareholders. The number of votes cast for the amend officient for approval.  | iment(s)                            |
|  | proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s  |                                     |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval  |                                     |
| bv   |  |                                     |
| , <del></del>  | (voting group)   |                                     |
| Signature  | 2-2021<br>ally Byar  | ·                                   |
| selecte  | irector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary) |                                     |
|  | Holly Bejar  |                                     |
|  | (Typed or printed name of person signing)  | <del></del>                         |
|  | Incorporator   |                                     |
|  | (Title of person signing)  |                                     |