

P21 0000 59569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

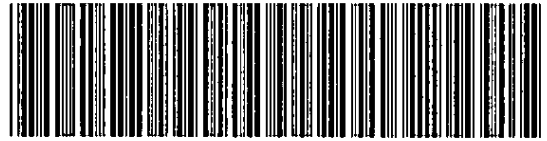
Special Instructions to Filing Officer:

J. HORNE

JUL 18 2022

6/2

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2022 JUN -2 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FL 323

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2022

ROSE MARIE LOUIJEUNE
13300 NE 6TH AVENUE
APT 102
NORTH MIAMI, FL 33161 US

SUBJECT: FANATIK MARKET, INC.
Ref. Number: P21000059569

6/2/22

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a NON-PROFIT CORPORATION, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 322A00010942

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fanatik Market, Inc.

DOCUMENT NUMBER: P210000059569

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rose Marie Louijeune

(Name of Contact Person)

Fanatik Market, Inc.

(Firm/ Company)

13300 N.E. 6th Avenue, Apartment 102

(Address)

North Miami, Florida 33161

(City/ State and Zip Code)

ms.moise@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rose Marie Louijeune

(239)

297-8638

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

Mailing Address

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

FILED

Articles of Amendment
to
Articles of Incorporation
of

2022 JUN -2 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fanatik Market, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000059569

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

13995 N.W. 7th Avenue,
Booth A14-15 & B36-37
Miami, Florida 33168

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

13300 N.E. 6th Avenue,
Apartment 102
North Miami, Florida 33161

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Rose Marie Louijeune
13300 N.E. 6th Avenue, Apartment #102
(Florida street address)

New Registered Office Address: North Miami, Florida 33161
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Rose Marie Louijeune

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|-----------------------------|-------------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>Rose Marie Louijeune</u> | <u>13300 N.E. 6th Avenue</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Apartment #102</u> |
| <input type="checkbox"/> Remove | | | <u>North Miami, FL. 33161</u> |
| 2) <input type="checkbox"/> Change | <u>P</u> | <u>Karlo Moise</u> | <u>14299 N.E. 5th Avenue</u> |
| <input type="checkbox"/> Add | | | <u>North Miami, FL. 33161</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption:
date the document was signed

April 7, 2022

, if other than the

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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporator, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)"

Dated _____

Signature X Rose Marie LouiJeune
(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 court appointed fiduciary by that fiduciary)

X Rose Marie LouiJeune
(Typed or printed name of person signing)

President
(Title of person signing)