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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PROCESADORA	AQA MAR SA CORP		
DOCUMENT NUMI	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	RAFAEL LIZARAZ			
		Name of Contact Persor	1	
	PROCESADORA AQA MAR SA CORP			
		Firm/ Company		
	10788 NW 74TH LN			
		Address		
	MEDLEY FL 3318			
		City/ State and Zip Code	2	
	RLIAZARAZ@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
RAFAEL LIZARAZ		at (603-9495	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment to Articles of Incorporation of

PROCESADORA AQA MAR SA COR	P			
(Name	of Corporation as current	v filed with the Flor	ida Dept. of State)	
P21000061317				
	(Document Number of	f Corporation (if know	wn)	<u> </u>
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpo	ration adopts the follo	wing amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contraction," or chartered," "professional association,"	Corp," "Inc," or "Co"	1 professional corpo	orated" or the abbrev ration name must co	iation "Corp"
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	-	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	N/A	F-	22
			2	in the second
				公里口
D. If amending the registered agent ar	nd/or registered office add	ess in Florida, enter	the name of the	10 9 12 -
new registered agent and/or the ne		<u>:</u>	r	一一
Name of New Registered Agent	N/A			
			_	
	(Florida str	eet address)		
New Registered Office Address:	N/A 		, Florida	
		(City)	(7)	(ip Code)
		(Сиу)	(2	ip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	·		
I hereby accept the appointment as regist	erea agent. Tam jamiilar v	and accept the ob	ligations of the positio	n.
	G:			 ,
	Signature of New Ri	egistered Agent, if cha	anging	
Check if annlicable				

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> </u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
l) Change	<u>P</u>	RAFAEL EDUARDO LIZARAZ	10788 NW 74TH LN	
Add			MEDLEY FL 33178	
X Remove				
2) Change	P	ARNALDO E. LUZARDO	8325 NW 30TH TERRACE	
X Add			MIAMI, FL 33122	
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Zoho Sign Document ID: PMIXXTY3BJ5BRF6LEPNO-S00ECI6VO2CRES7LBI/KZTE .

	adding additional Artical sheets, if necessary).	(Be specific)			
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nrovisions for	t provides for an excha mplementing the amen	dment if not contain	or cancellation of it	sued shares,	
(if not appl	icable, indicate N/A)	ament it not contain	ed in the antendmen	it itseii.	
	·				
					
				_	

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The date of each amendment	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days	after amendment file date)
	nis block does not meet the applicable st e Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board o	f directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The numb re sufficient for approval.	er of votes cast for the amendment(s)
	e approved by the shareholders through very for each voting group entitled to vote se	
"The number of votes	cast for the amendment(s) was/were suffi	cient for approval
by RAFAEL LIZAR	AZ	"
9,	(voting group)	 '
11-03- Dated	2021	
Signature 1	Papael Lizaray	
(B)	y a director, president or other officer – if ected, by an incorporator – if in the hands pointed fiduciary by that fiduciary)	
	RAFAEL LIZARAZ	
	(Typed or printed name of	f person signing)
	PRESIDENT	
	(Title of person signing)	