P21000065243

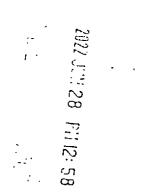
(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

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(19/25/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ALOHA CATERI	NG MIA, CORP	
	1BER: P21000065243		· .
The enclosed <i>Article</i>	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
		Name of Contact Person	n
	LFM ACCOUNTING SOLU	TIONS, LLC	
		Firm/ Company	
	8805 NW 111th AVE UNIT	203	
		Address	·
	DORAL, FL 33178		
		City/ State and Zip Cod	e
	MALDONADOL@LFMAC	COUNTING COM	
		sed for future annual report	notification)
	•	•	
For further informati	on concerning this matter, plea	se call:	
LENNIS M MALDO	ONADO	786	218-3881
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made		
S35 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)
	ailing Address		Address
	nendment Section vision of Corporations	Amendment Section Division of Corporations	
	O. Box 6327		entre of Tallahassee
Ta	llahassee, FL 32314	2415 7	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation \mathbf{of}

2022 J. 128 PH12: 58

ALOHA CATERING MIA, CORP

(Name of Corporati	ion as currently filed with the F	lorida Dept. of State)	
P21000065243		•	,
(Docum	nent Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Co.	rporation adopts the following	ng amendment(s
A. If amending name, enter the new name of the co	orporation:		
<u> </u>		<u> </u>	The _new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional con		
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			
N 16 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 mm 11 + 801 + 8		
D. If amending the registered agent and/or register new registered agent and/or the new registered		iter the name of the	
Name of New Registered Agent			_
	(Florida street address)		_
Vinn Bunistanul (Alica Address)		Florida	
New Registered Office Address:	(Citv)	, Florida(Zip	Code)
	, , , , ,	,	
New Registered Agent's Signature, if changing Reg	nistered Agent:		
hereby accept the appointment as registered agent.		e obligations of the position.	
Signe	ature of New Registered 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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Şı	mith_	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	S	_	MONICA DI NATALE	3541 ALTIS CIR APTI 107
X Add				HIALEAH, FL 33018
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	<u>, </u>
	<u></u>
f an amendment provides for an exchange, reclassification, or cano	rellation of issued shares
provisions for implementing the amendment if not contained in th	e amendment itself:
(if not applicable, indicate N/A)	
<u></u>	
	·
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days afte	r amendment file datej
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of diaction was not required.	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separ	
"The number of votes cast for the amendment(s) was/were sufficient	nt for approval
by(voting group)	······································
(voung group)	
06/21/2022	
Dated	
Signature	
Signature \nabla \frac{\nabla \frac{\n	ectors or officers have not been
selected, by an incorporator - if in the hands of	
appointed fiduciary by that fiduciary)	
JEAN F. ALVAREZ DI NATALE	
(Typed or printed name of pe	erson signing)
PRESIDENT	
(Title of person signing)	