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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	RATION: CERMAS DIAMO	ONDS WHOLESALER IN	0
	BER: P21000071806		
	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	RUBEN FREITAS		
		Name of Contact Person	1
	CERMAS DIAMONDS WH	OLESALER INC	
		Firm/ Company	_
	1675 SATIN LEAF COURT		
		Address	
	DELRAY BEACH, FLORID	A 33445	
		City/ State and Zip Code	e
	MIQUEL1951@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:at (561	305-1413
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

CERMAS DIAMONDS WHOLESALER INC

(Name of Corporation as curre	ently filed with the Flo	orida Dept. of State)	
P21000071806		,	
(Document Number	er of Corporation (if kn	nown)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his <i>Florida Profit Corp</i>	poration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>:</u>		
			The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	. A professional corp		
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			=======================================
			1-3 rd
C. Enter new mailing address, if applicable:			(3) (3)
(Mailing address MAY BE A POST OFFICE BOX)		·	
		•	三三
			<u> </u>
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr Name of New Registered Agent		ter the name of the	
(Florida	street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip C	'ode)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		obligations of the position.	
Signature of New	w Registered Agent, if a	changing	
Cheek if applicable	•	-	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (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)

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:

Remove

Example: X Change	<u>PT</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>	<u>Addres</u> s
l) Change	S	CESAR R VILLASANA JIMENEZ	1675 SATIN LEAF COURT
Add			DELRAY BEACH, FLORIDA
X Remove			33445
2) Change	VP	STALIN J VERA MOYEGAS	1675 SATIN LEAF COURT
Add			DELRAY BEACH, FLORIDA
X Remove 3) Change			33445
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
	······································
	
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n amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·
	

	AUGUST 11, 2021	
The date of each amendment(s) a		, if other than
late this document was signed.		,
™	GUST 11, 2021	
Effective date if applicable:	, , , , , , , , , , , , , , , , , , , ,	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be locument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	n	
	(voting group)	
ALICHET	1 2021	
AUGUST 1 Dated	1, 2021	
23.00		
	1. \(\)	
Signature		
(By a di	rector, 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	
appoint	ed fiduciary by that fiduciary)	
	RUBEN FREITAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	