P21000080062

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A. Buffer

COVER LETTER

TO: Amendment Section Division of Corporations Marylou Martinez P.A. NAME OF CORPORATION: P21000080062 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marylou Martinez Name of Contact Person Firm/ Company 15495 Miami Lakeway N #206 Address Miami lakes Fl 33014 City/ State and Zip Code mmlulu28@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>JW</u>) <u>J12-1999</u> 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment

to

<i>I</i>	Articles of Incorporat	tion		
100 00 ilu	of	\cap \wedge	FILED	
Mukejia	Myp-400.	2 V +1	₩ 1971 OSB	
(Name of Corporation	on as currently filed v	-	11 12: 45 PH 12: 46	
<u> </u>	10000000		1142	
(Docum	ent Number of Corpor	ation (if known)	TALEY HER PARE	
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporation	adopts the following amendr	ment(s)
A. If amending name, enter the new name of the co	rporation:			
			The	ew
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 profes.			
B. Enter new principal office address, if applicable				_
Principal office address <u>MUST BE A STREET ADD</u>	RESS)			
		u. .		=
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)			_
D. If amonding the registered each and so registered				-
 If amending the registered agent and/or register new registered agent and/or the new registered 		norida, enter the i	ame of the	
Name of New Registered Agent				
	(Florida street addre			
New Devices at 1000 at 111			**1 * 1	
New Registered Office Address:	(City)		, Florida(Zip Code)	_
	•			
New Registered Agent's Signature, if changing Reg	istered Agent:			
hereby accept the appointment as registered agent.	l am familiar with and	accept the obligation	ons of the position.	
Siona	ture of New Registered	d Avent if changing		
ing.ii	y v. v. r. v. egamer e		,	
Charle if applicable				

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)

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: X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jone	<u>s</u>		
X Add	<u>SV</u>	Sally Smit	<u>h</u>		
Type of Action (Check One)	<u>Title</u> P		lame Aarylou Martinez	Address	ami Lakeway N#206
1) Change x Add Remove	-		narywu Maruucz		AKES FL 33014
2) Change Add					
Remove 3) Change					
Add Remove 4) Change					
Add Remove 5) Change					
Add Remove 6) Change Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
 -	
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<u></u>	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	·····

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The date of each amendment(s) adoption:	, if other than
date this document was signed. September 16, 2021	
Effective date if applicable:	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as
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.	of 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 separately	oe . , , , , , , , , , , , , , , , , , ,
"The number of votes cast for the amendment(s) was/were sufficient	nt for approval
by	<u></u>
(voting group)	
Dated9-10-21	
Signature AN MALTS	
(By a director, president or other officer - if director,	
selected, by an incorporator – if in the hands of	a receiver, trustee, or other court
appointed fiduciary by that fiduciary) Marylou Martinez	
•	1 Malynz
(Typed or printed name of po	erson signing)
President President	
Pricent	
(Title of person signing)	

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