P21 0000 90418

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EL FUNEBRERO	CORP	<u> </u>
DOCUMENT NUMB	BER: P21000090418		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	ARIEL KORUK		
		Name of Contact Person	
	0054 REALTY		
		Firm/ Company	14,7 141
	2200 NE 123 ST		
		Address	
	NORTH MIAMI, FL., 33181		
		City/ State and Zip Code	
	ARIEL@0054REALTY.COM	v i	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ARIEL KORUK		at (<u>786</u>	8043205
Name	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for	r the following amount made [payable to the Florida Depa	rtment 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)
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amendi Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Flo	orida Dept. of State)	
P21000090418			
(Document Number	of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corp	poration adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:			
			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.	A professional corp		
B. Enter new principal office address, if applicable:	N/A		າດາ
(Principal office address MUST BE A STREET ADDRESS)		77.	ਜੂ ਜੂ
			20
		ပြား (၁၈ ၅)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ია - მშე, "	
manning delices into be misor of the bon		<u> </u>	
		<u> </u>	<u> </u>
			•
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addres		er the name of the	
	<u></u>		
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		akligations of the position	
т петену ассерстве арронитені ах гедіметей адені. Тат затинаг	with and accept the	obligations of the position.	
Signature of New	Registered Agent, if c	changing	

Check if applicable

EL FUNEBRERO CORP

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 Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	MARCELO D. ALVAREZ	2200 NE 123 ST.
Add			NORTH MIAMI, FL, 33181
X Remove 2) Change	P	ARIEL E. KORUK	2200 NE 123 ST,
X Add			NORTH MIAMI, FL, 33181
Remove Change			
Add			
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change (Be specific)			
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an amendment provides for an exch	anga madagaifiga	tion or consollati	an afterward charac	•
an amendment bloamez for an excu	ndmont if not con	toined in the ame	on or issued snare: ndment itself:	<u>),</u>
provisions for implementing the ame	municini ii kul cun			
provisions for implementing the ame (if not applicable, indicate N/A)	nument it not con	tamed in the ame		
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provisions for implementing the ame	nument if not con	Tamed in the ame		

	NOV, 12/2021
The date of each amendment(s	s) adoption:, if other than (
date this document was signed.	
	NOV, 12/2021
Effective date <u>if applicable</u> : _	
	(no more than 90 days after amendment file date)
	is block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) the sufficient for approval.
must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): east for the amendment(s) was/were sufficient for approval
by	
	(voting group)
NOV. I Dated	2/2021
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator + if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	ARIEL E, KORUK
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)