7210000093538

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Capsul Tre DOCUMENT NUMBER: <u>P2100093538</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jonathan Hermida Name of Contact Person CEO, Capsul Inc. 4760 SW 2nd TER Coral Gables FL, 3
City/State and Zip Code Thermida 310 @ amail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: son at (305) 320 5999 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 is enclosed)

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

Articles of Amendment Articles of Incorporation

FII

	of		TILED
Capsul	Inc.		2021 DEC / AH 8: 42
(Name of Corpo	ration as currently fil	ed with the Florida Dept.	of State)
P21000	09353	ና	11 49 May - 0:42
(De	ocument Number of Co	rporation (if known)	1955. F. 1957. E
Pursuant to the provisions of section 607.1006. Flits Articles of Incorporation:	orida Statutes, this <i>Flor</i>	ida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of the	ne corporation:		
			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the a	Inc," or "Co". A pr	pany," or "incorporated" of ofessional corporation nat	r the abbreviation "Corp.," ne must contain the word
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
(Frincipal Office address STOST BE A STREET	<u>(1004L35</u>) _		
	-	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	C ROV)		
maining datess MAT DE ATOST OFFICE			
	_		
	_		
D. If amending the registered agent and/or reg	istered office address	in Florida, enter the name	e of the
new registered agent and/or the new register		- -	
Name of New Registered Agent			
	(Florida street o	address)	
New Registered Office Address:			Florida
	(Cit	ייי	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

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> <u>John D</u>	<u>00e</u>	
\underline{X} Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	Y,CP0	Kiryl Ihnatsyeu	4456 SW 10th ST
<u>✓</u> Add		0	Coral Gables, FL
Remove	•		33134
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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on amondment provider for up exchange or	aalaeeifiaat	ion oranno	llation of icc	ad chares	
an amendment provides for an exchange, re provisions for implementing the amendment	if not cont	tained in the	amendment i	tself:	
(if not applicable, indicate N/A)					
					<u></u>
					<u> </u>
		_			

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: to more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendmen by the shareholders was/were sufficient for approval.	ı(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	<u>ાસ્મા</u>
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
Signature (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	ırt
Tonuthan Hermida (Typed or printed name of person signing)	
(Title of person signing)	
(Tace of person signing)	