P21000096222

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T. LEMIEUX DEC 2 2 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: POLO DE SALUE	DINC	
	BER: P21000096222		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	ARIEL KORUK		
		Name of Contact Person	1
	0054 REALTY		
		Firm/ Company	
	2200 NE 123 ST		
		Address	
	NORTH MIAMI, FL. 33181		
		City/ State and Zip Code	2
	ARIEL@0054REALTY.CO	М	
	_	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call: 786	8043205
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.Q	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

DOI	\sim	UE	1 4 2	HID	INC

TOEO DE SALOD INC				
	s currently filed with the Flor	ida Dept. of State)		
P21000096222				
(Document	Number of Corporation (if know	×n)		
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	tutes, this Florida Profit Corpo	ration adopts the following amendment(s)		
A. If amending name, enter the new name of the corpo	eration:			
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	"Co". A professional corpo-			
B. Enter new principal office address, if applicable:	N/A	N/A		
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)			
	 .			
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			
		21		
). If amending the registered agent and/or registered				
new registered agent and/or the new registered office	ce address:			
Name of New Registered Agent				
	(Florida street address)	# = =		
New Registered Office Address:		, Florida 😇 🛗 💢		
	(City)	(Zip Code)		
Nany Designation of Agent's Communication of Abouting Designation	d A			
lew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	r ea Agent: Jamiliar with and accept the ob	oligations of the position.		
	-	· · · · · · ·		
Class As a	CMm. Burinsmill to accept to 1			
Signature	of New Registered Agent, if cho	unging		

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> <u>Jol</u>	an Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	ARIEL KORUK	2200 NE 123 ST
Add			NORTH MIAMI, FL. USA
X Remove			33181
2) Change	P	CRISTIAN FAZIO	2200 NE 123 ST
X Add			NORTH MIAMI, FL, USA
Remove 3) Change			33181
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			<u> </u>
6) Change	***************************************		
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amer</u>	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	NOV, 20, 2021	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•	OV, 20,2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
NOV 20,	2021	
Dated		
Signature		
(By a selec	director, president or other officer if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other content inted fiduciary by that fiduciary)	
	ARIEL KORUK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	