P21000101722

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Special Instructions to Fi	ling Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

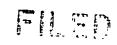
Tallahassee, FL 32314

NAME OF CORPOR	ATION: CARIB FLAVA II	NC			
	ER: P21000101722				
The enclosed Articles a	of Amendment and fee are su	ibmitted for filing.			
Please return all corresp	oondence concerning this ma	atter to the following:			
1	Marjorie Mendez				
-	Name of Contact Person				
-	· · · · · ·	Firm/ Company			
-	Address				
Ć	5850 10th Ave N, #408 - Lak	ce Worth, FL 33467			
_		City/ State and Zip Coo	de		
ı	nemendez5@hotmail.com				
-	E-mail address: (to be us	sed for future annual repor	t notification)		
For further information	concerning this matter, plea-	se call:			
Marjorie Mendez		at (452-4443		
Name o	f Contact Person		ode & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:		
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Articles of Amendment to Articles of Incorporation of



CARIB FLAVA INC.

2021 DEC 10 AM 9: 24

(Name of Corporati	on as currently filed with the Florida Dept. for State), RY OF STATE
P21000101722	IALLAFASSE (W
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
CARIB FLAVAS INC.	The new
name must be distinguishable and contain the word "co"lnc.," or Co.," or the designation "Corp," "Inc." "chartered." "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable	
(Principal office address MUST BE A STREET ADL	
C. Enter new mailing address, if applicable:	.1
(Mailing address MAY BE A POST OFFICE BO	\mathcal{N}
	,
	
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	N/A·
	(Florida street address)
No haire 100 All	
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Reg	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	. (\ , \
	M/W.
Siena	ature of New Registered Agent, if changing
	A material material A sumania

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		_	
Add			
Remove			
2) Change			
Add		,	
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment prov	rides for an exchange, nenting the amendmer	reclassification, o	r cancellation of	issued shares,	
(if not applicable,		ten not Contained	i in the amenume	att itseit:	
					
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The date of each amendment(s	s) adoption:		, if other than the
date this document was signed.			
Effective date if applicable:			
	(no more	e than 90 days after amendment fi	le date)
Note: If the date inserted in th document's effective date on the			irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>(E)</u>	
The amendment(s) was/were action was not required.	adopted by the incorporat	tors, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were		ers. The number of votes cast for	the amendment(s)
		ders through voting groups. The juitled to vote separately on the am	
"The number of votes c	ast for the amendment(s)	was/were sufficient for approval	
100% by		•	
	(voting group))	
12/06/20 Dated	021		
Ci.matur.			\rightarrow .
sele	a director, president or oth	her officer – if directors or officer - if in the hands of a receiver, trust duciary)	
	Marjorie Mendez		
	(Typed or p	printed name of person signing)	
	President		
	(Title of pe	erson signing)	