

P21

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : I20100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: zscopfeexperience@gmail.com

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
EL PUTAS DE AGUADAS INC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Oct. 6. 2023 1:23PM

No. 1230 P. 2
H23000350509 3

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EL PUTAS DE AGUADAS INC

DOCUMENT NUMBER: P21000105368

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catalina Andrea Ramirez Miranda
Name of Contact Person
ZS COFFEE EXPERIENCE INC
Firm/ Company
210 SW 17th Rd
Address
Miami, FL 33129
City/ State and Zip Code
Zscoffeeexperience@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catalina Andrea Ramirez Miranda at (954) 604-9067
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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

TALLAHASSEE, FL

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No. 1236 P. 3
H23000350509 3

Articles of Amendment
to
Articles of Incorporation
of

EL PUTAS DE AGUADAS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000105368

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ZS COFFEE EXPERIENCE INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

210 SW 17th Road

Miami, FL 33129

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

210 SW 17th Rd

Miami, FL 33129

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Catalina Andrea Ramirez Miranda


210 SW 17th Road

(Florida street address)

New Registered Office Address: Miami, Florida 33129
(City) (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) (c), F.S.

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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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	PS	Gil, Miguel A	210 SW 17th Rd
<u>Add</u>			Miami, FL 33129
<u>X</u> Remove			
2) <u>Change</u>	CEO	Nelson Milazzo Marketing Corp	8852 NW 111th CT, Apt 2201
<u>X</u> Add			Doral, FL 33178
<u>Remove</u>			
3) <u>Change</u>	P	Catalina Andrea Ramirez Miranda	8852 NW 111th CT, Apt 2201
<u>X</u> Add			Doral, FL 33178
<u>Remove</u>			
4) <u>Change</u>	VP	Nelson Felipe Suarez Moreno	8852 NW 111th CT, Apt 2201
<u>X</u> Add			Doral, FL 33178
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

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10/04/2023

The date of each amendment(s) adoption; _____, if other than the date this document was signed.

10/04/2023

Effective date if applicable: _____
(no 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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
MIGUEL A GIL
(voting group)"

Dated _____
OCTOBER 04, 2023

Signature _____
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MIGUEL A GIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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FALL RIVER, MA
STATE SECRETARY