## P22000014126

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
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C. BRUMBLEY MAR 2 6 2022

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: LA CAMPANA I	NC			
	NUMBER: P22000014126				
	rticles of Amendment and fee are s	ubnutted for filing.			
Please return all	correspondence concerning this in	atter to the following:			
	NINOTCHKA HECH				
	Name of Contact Person				
	FAST FILING SERVICES	LLC			
		Firm/ Company			
	10450 NW 33RD ST STE 3	05			
Address					
	DORAL FL 33172				
		City/ State and Zip Code	3		
	fastfilingservices@gmail.co	m			
		ised for future annual report	notification)		
For further info	rmation concerning this matter, ple.		762-2048		
3	Name of Contact Person	at (Area Co	762-2048 de & Daytime Telephone Number		
Enclosed is a ch	eck for the following amount made				
S35 Filing	Fee S43.75 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)		
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, F1, 32303		

## Articles of Amendment to Articles of Incorporation of

LA CAMPANA INC

LA CAMPANA INC	
(Name of Corporation as of P22000014126	currently filed with the Florida Dept. of State)
	umber of Corporation (if known)
·	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ution:
N/A	The new
	ttion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>N/A</u>
	202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX)	2022 HAR 7
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
TF.	Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
•	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J	
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)

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	.—		
Add			
Remove			
2) Change			
Add			V-MANUEL
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter changets) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE CHANGE THE PRESIDENT ADDRESS AS:
115 VENETIAN WAY DILIDO ISLAND
MIAMI BEACH, FL 33139
PLEASE UPDATE THE EIN: 88-0904825
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate NA)
N/A

,

	02/08/2022	
The date of each amendment(s) ad		if other than the
late this document was signed.	- P	
_	/2022	
O2/06 Effective date <u>if applicable</u> :		
in applicance.	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as ti
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of directors without shateholder a	ction and shareholder
The amendment(s) was/were ador by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendme ficient for approval.	ent(s)
must be separately provided for	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
N/A	or the amendment(s) was/were sufficient for approval	
Uy	(voting group)	
03/11/2022 Dated		
Signature		
(By a di selected	rector, president or other officer – if directors or officers have not be, by an incorporator – if in the hand, of a receiver, trustee, or other cod fiduciary by that fiduciary)	
	JOSE A PARADISO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del> </del>