

P22000016894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

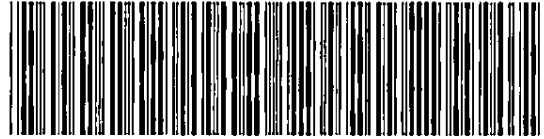
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2023 DEC -4 AM 8:23

cf 12/14/2023

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: QUBA USA, INC.

DOCUMENT NUMBER: P22000016894

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

Please return all correspondence concerning this matter to the following:

Eric R. Sloan, Esq.

Name of Contact Person

Chiumento Law PLLC

Firm/ Company

145 City Place, Suite 301

Address

Palm Coast, FL 32164

City/ State and Zip Code

esloan@legalteamforlife.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric R. Sloan

at ( 386 )

760-3232

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:

☒ \$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)

**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

Michael D. Chiumento  
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CHIUMENTO  
LAW

145 City Place, Suite 301  
Palm Coast, FL 32164  
Tel. (386) 445-8900  
Fax: (386) 445-6702

2 Camino Del Mar  
Palm Coast, FL 32137

*By Appointment Only:*  
57 W. Granada Blvd.  
Ormond Beach, FL 32174

November 29, 2023

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
*Sent via U.S. Mail*

**RE: QuBa USA, Inc.**  
**Doc. No. P22000016894**  
**Florida Profit Corporation Articles of Amendment**

Dear Amendment Section:

Enclosed, please find the Florida Profit Corporation Articles of Amendment for our client, QuBa USA, Inc. Also enclosed is a check made payable to Florida Department of State in the amount of \$35.00 for the filing fee.

Per the amendment form, please change the name of the corporation to Aero Fresca, Inc. The principal and mailing address, and officers are to remain the same.

Please process the Article of Amendment as soon as possible. Once the Amendments are completed; please forward a copy of the letter of acknowledgement to our office.

If you have any further questions or need any additional information please contact me at (386)760-3232.

Respectfully,

A handwritten signature in black ink that reads "Natasha Abrams".

Natasha Abrams  
Paralegal to Eric R. Sloan  
Attorney for QuBa USA, Inc.

cc: Client (email only)

enclosures: Florida Profit Corporation Articles of Amendment to Article of Organization  
Check to Florida Department of State for \$35.00

Articles of Amendment  
to  
Articles of Incorporation  
of

QUBA USA, INC.

2023 DEC -4 AM 8:23

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

P22000016894

(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:**

Aero Fresca 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**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**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

Eric R. Sloan, Esq.

145 City Place, Suite 301

(Florida street address)

New Registered Office Address:

Palm Coast

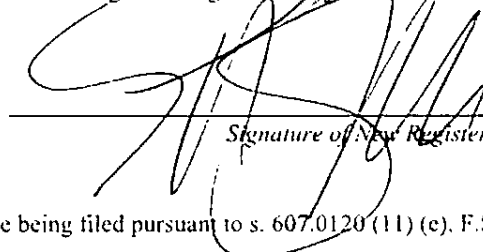
(City)

Florida 32164

(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.

**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) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 \_\_\_\_\_."  
(voting group)

11 / 15 / 2023

Dated \_\_\_\_\_

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)

Ronald J. Polli

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)