P22000027612

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _ CAROLINA 1 DORAL INC

DOCUMENT NUMBER: P22000027612

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

Please return all correspondence concerning this matter to the following:

LAURA CORTES

Name of Contact Person

COPPER ACCOUNTING SERVICES, LLC

Firm/ Company

950 BRICKELL BAY DR #3802

Address

MIAMI FL 33131

City/ State and Zip Code

LAURA@COPPERACCOUNTINGSERVICES.COM

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

For further information concerning this matter, please call:

 LAURA CORTES
 at (786)
 285-6118

 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:

S35 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 Tailahassee, FL 32314 <u>Street Address</u> 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

CAROLINA	1	DORAL	INC
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(Name of Corporation as	currently filed with	the Florida Dep	t. of State)
			

P22000027612

(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:

Α.	If amending	name,	enter the new	name of	the corr	poration;
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N/A	7 4
name must be distinguishable and contain the word "corporat. "Inc.," or Co.," or the designation "Corp," "Inc," or "Corp," "Corp," "Corporation" (Corp, "Corp," "Corporation") or the abbreviation "Corporation" (Corporation) (Co	The new ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>) N/A
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	prida street address)
<u>New Registered Office Address</u> : <u>N/A</u>	, Florida
	(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.

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;

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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 Y Mike Jones <u>X</u> Add S٧ Sally Smith Type of Action Title Name Address (Check One) Ρ Juan Luis Rafael Consuegra Asmar 950 BRICKELL BAY DR #3802 1) ____ Change X ____ Add Miami, FL 33131 ____ Remove Р Ricardo Mario Consuegra Angulo 950 BRICKELL BAY DR #3802 2) ____ Change X _ Add Miami, FL 33131 ____ Remove 3) ____ Change Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change _____ Add ____ Remove 6) ____ Change ____ Add Remove

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)
Ownerhsip of corporation is now 40% to Juan Luis Rafael Consuegra Asmar, 40% to Monica Angulo and 20% to
Ricardo Mario Consuegra Angulo.
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 N/A)
N/A

06/29/2022

06/29/2022

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Effective date if applicable:

(no mare than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statistory 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) (<u>CHECK ONE</u>)

U 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 easi for the amendment(s) by the shareholders was/were sufficient for approval.
- ① The amendment(s) was/were approved by the shareholders through voting groups. The following statement outst be separately provided for each voting group entitled to vote separately on the omendment(s):

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

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	(sothing group)
	Dated Dated Difference 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, nustee, or other court appointed fiduciary by that fiduciary)
	Monica Angulo
	(Typed or printed name of person signing)
	President

(Title of person signing)