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## COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER 2 2 2 2 2 2	lean and Latin.	American Oall and
DOCUMENT NUMBER: P22000	29005	Services
The enclosed Articles of Amendment and fee are:		Service(,,
Please return all correspondence concerning this re		
_ Gilbert	Beauperthuy Name of Contact Person	
351 Le	Firm/Company  Peune Road, #  Address	205
	FL 3 3 12 6 City/ State and Zip Code	
E-mail address: (to be u	uper thoyabell sed for future annual report notification	south net 2
For further information concerning this matter, plea	ise call:	2022 APR 24
Gilbert Beauper Name of Contact Person	thoy at (305) 979  Area Code & Davim	5-5105 T
Enclosed is a check for the following amount made		
\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	(Additional copy is Certified	ate of Status I Copy mal Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corpora The Centre of Tall	tions ahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

Carribean and Latin Amer	
(Name of Corporation as currently file	d with the Florida Dervices
<u> </u>	Dept. of State
(Document Number of Co.	Poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "comp" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro" "chartered," "professional association," or the abbreviation "P.A."	ervices  any, "or "incorporated" or the abbreviation "Corp.,"  fessional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SAMENIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME NIA
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
Manua of N. D	202
Name of New Registered Agent 5 a m &	- NIA
(Florida street add	70 200
New Registered Office Address:	* _ **** * ****
(City)	, Florida
<i>"</i>	(Up Code)
New Registered Agent's Signature, if changing Registered Agent:	7 29 m
I hereby accept the appointment as registered agent. I am familiar with an	d accept the obligations of the position.
A	
Signature of New Register	ed 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)

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>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name		· <b>\</b>	<u>Addres</u> s
1) Change			1	14	
Add					
Remove					
2) Change			<del></del> -		
Add					
Remove Change					
Add					
Remove					
4) Change			·		
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Remove					
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	(Be specific)
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	2096, reciassification, or cancellation of icquad charge
on amendment provides for an excha	ndmant if A A-i 2 ( - 4)
i ovisions for implementing the amen-	ndment if not contained in the amendment itself:
an amendment provides for an excha rovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
i ovisions for implementing the amen-	ndment if not contained in the amendment itself:
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The date of each amendment(s) adopti date this document was signed.	ion: 4/2/1/22	, if other than the
Effective date <u>if applicable</u> :		•
	(no more than 90 days after amendment f	file date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirent of State's records.	uirements, his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for ent for approval.	r the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The voting group entitled to vote separately on the an	following statement nendment(s):
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by		"
	(voting group)	
Dated X	121/22	
Signature ×	Shot Day	
(By a director selected, by	or, president or other officer - if directors or office an incorporator - if in the hands of a receiver trus duciary by that fiduciary)	
	(Typed or printed name of person signing)	thuy
	_	,
<del></del> -	Tresident (C) (Title of person signing)	1 WARF