# P22000031062

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JUN 2 4 2022

TO: Amendment Section Division of Corporations

# NAME OF CORPORATION: BISCAYNE G & G RE CORP

DOCUMENT NUMBER: P22000031062

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

Please return all correspondence concerning this matter to the following:

JOSE M VEGA

Name of Contact Person

SUAREZ VEGA & ASSOCIATES INC

Firm/ Company

25 SE 2 AVE 410

Address

MIAMI, FL. 33131

City/ State and Zip Code

VEGAMIAMI@HOTMAIL.COM

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

For further information concerning this matter, please call:

 JOSE M VEGA
 at (<sup>786</sup>)
 290-3418

 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

S43.75 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) i

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Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

IN

<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	21465 e .
	Articles of Incorporation	FILED
BISCAYNE G & G RE CORP	of	2022 ***
(Name of Corporation	on as currently filed with the Flor	rida Dept. of State)
BISCAYNE G & G RE CORP		TIDE DEPT. OF STATE
(Docun	nent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Floridu Profit Corpo</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbre	" or "Co". A professional corpe	
B. Enter new principal office address, if applicable	TINA HYDE	
(Principal office address <u>MUST BE A STREET ADI</u>		RD, FLOOR
	MIAMI, FL 3313	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered	office address:	
Name of New Registered Agent	E - correcting name spelling only.	
	(Florida street address)	
<u>New Registered Office Address</u> :	(City)	, Florida
	(Chù)	(Σιρ Code)
<u>New Registered Agent's Signature, if changing Reg</u> t hereby accept the appointment as registered agent.		bligations of the position.
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**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:

Example: <u>X</u> Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV Sally</u>	Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
I) Change	PSD	DESIMONE, MAURICIO	150 SE 2 AVE 3FLOOR
Add			MIAM, FL. 33131
X Remove			
2) Change	PSD	TINA HYDE	150 SE 2 AVE 3RD FLOOR
XAdd			MIAMI, FL. 33131
Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			- <u></u>
Add			
Remove			- <del>-</del>
6) Change			
Add			·
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

E If an amendment provider for an avalance contaction or an avalation of issued above.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
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:
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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)
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The date of each amendment(s) adoption:	4/28/2022, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	(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)

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- 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)
	Dated 4/28/2022
	Signature
	(By a director, president or other office: /- 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
	VOSE M. VECA
	(Typed or printed name of person signing)
	INCORPORATOR
	(Title of person signing)