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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TAX CARE DORAL Account Number : I20190000008
Phone : (786)845-8854
Fax Number : (321)473-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Jessica. torres @ Taxcarcure.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN BERTELO USA INC.

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J. HORNE

MAY - 4 2022

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SECRETARY OF SIA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BERTELO USA II	NC	
	BER: P22000031508		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JESSICA TORRES		
		Name of Contact Perso	n
	TAX CARE CELEBRATION	N	
		Firm/ Company	
	1400 NW 107TH AVE STE	203	
		Address	
	SWEETWATER FL 33172		
		City/ State and Zip Cod	le
	JESSICA.TORRES@TAXC	AREINC.COM	
	E-mail address: (to be us	sed for future annual report	t notification)
For further information	on concerning this matter, pleas	se call:	. 845-8854
Name	of Contact Person		ode & Daytime Telephone Number
	or the following amount made		•
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Division The Co 2415 I	Address Idment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation

Articles of In	-	<u>≯</u> ∽	\approx
of		CEC	2022 MA
BERTELO USA INC		<u> </u>	=
(Name of Corporation as current P22000031508	ly filed with the Florida Dept. of State)	ARY VSSE	ြ
		<u> </u>	<u> </u>
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	owing amen	idenci O
A. If amending name, enter the new name of the corporation:			
		The	пеш
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co	viation "Coi	rp"
B. Enter new principal office address, if applicable:	13436 SW 62ND STREET UNIT H-10	15	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI FL 33183		
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 add new registered agent and/or the new registered office address			_
Name of New Registered Agent			
(Florida st	reet address)		
New Registered Office Address:	, Florida	a: c 1)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	i: with and accept the obligations of the posit	ion.	
Signature of New F	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)

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.

X Change	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Adđ				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Pamoua				

I 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)). (Be specific)				
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The date of each amendment(s) addate this document was signed.	loption:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amen flicient for approval.	dment(s)
	roved by the shareholders through voting groups. The following 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	2)	
	(woting group)	
MAY 3, 202 Dated Signature	Hug	·
	regior, president or other officer - if directors or officers have not, by an inforporator + if in the hands of a receiver, trustee, or oth	
	d fiduciary by that fiduciary)	
	JOSEP PUIG	
-	(Typed or printed name of person signing)	
	DIRECTOR	
-	(Title of person signing)	

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