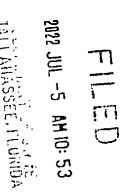
## P22000041637

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>2</del> #)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: D'Mi Cocina, INC			
DOCUMENT S UMB	ER: P22000041637			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Edwin A. Gonzalez			
•		Name of Contact Persor	1	
	D'Mi Cocina, INC			
•	,	Firm/ Company		
	1620 SE 8 Terr			
•	Address			
	Cape Coral, FL 33990			
City/ State and Zip Code				
	edwin@ideasadvertisinggroup.com			
-	E-mail address; (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Edwin A Gonzalez		at (	215-5702	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
S35 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)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

## Articles of Amendment to Articles of Incorporation of

D'Mi Cocina	
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P22000041637	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stats Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	ration:
Cocina 1492, INC	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
and the second of the second o	N/A
<ol> <li>Enter new p incipal office address, if applicable: Principal office address MUST BE A STREET ADDRE</li> </ol>	ss) = = = = = = = = = = = = = = = = = =
. 2	
	S. U
Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	ල <b>ය</b>
<ol> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ol>	
N/A	e address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	red Agent:
петену иссерстве арраниятеля ак гезаметей азет. Тап	gamma and anciece provide congulation 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) (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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	N/A		
Add			
Remove			
2) Change		<del>_</del>	
Add			
Remove 3 ) Change			2022 TALL
Add			T 10 T
Remove			SSE
4) Change			
Add			0: 53
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
	<del></del>		
	<del>_</del> -		
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		AM 10: 5	-
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. 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			
	-		

	N/A	
The date of each amendment(s) ad date this document was signed.	option:	_, if other than the
wate this document was signed. N/A		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adoptaction was not required.	oted by the incorporators, or board of directors without shareholder action and s	shareholder
by the shareholders was/were suf	The state of the s	22
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement, each voting group entitled to vote separately on the amendment(s):	F   1
"The number of votes east for	or the amendment(s) was/were sufficient for approval	5
by N/A		-5
selected, appointe	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductory by that fiduciary)	AM 10: 53
-	Edwin A Gonzalez	
	(Typed or printed name of person signing)	
I	President	
_	(Title of person signing)	<del></del> _