P22000046864

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Page: 1 of 6

Ţ'n.

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

Phone : (844)449-3624 Fax Number : (512)597-0678

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **GUAPA BOUTIQUE INC.**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$35.00 |

A. RANSEY MEN

Electronic Filing Menu Corporate Filing Menu

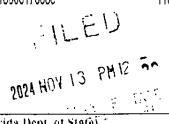
Help

From: ZenBusiness User

COVER LETTER

| TO: Amendment Sec Division of Corp | | | | | | |
|---------------------------------------|---|--|---|--|--|--|
| NAME OF CORPO | RATION: Guapa Boutique Ir | ıc. | _ | | | |
| DOCUMENT NUM | BER: P22000046864 | | | | | |
| | of Amendment and fee are so | dimitted for filing. | | | | |
| Please return all corre | spondence concerning this ma | itter to the following: | | | | |
| | Allison Monzon | | | | | |
| | | Name of Contact Person | n | | | |
| | ZenBusiness INC | | | | | |
| | | Firnt/ Company | | | | |
| | 336 E. College Ave Suite 30 | I | | | | |
| | | Address | | | | |
| | Tallahassee, FL 32301 | , | | | | |
| | | City/ State and Zip Cod | ę | | | |
| | fulfillment@zenbusiness.com | 11 | | | | |
| | E-mail address; (to be us | sed for future annual report | notification) | | | |
| For finther informatic | on concerning this matter, plea | se call. | | | | |
| c/o ZenBusiness INC | ? | at () 493-6249 | | | | |
| Name | of Contact Person | Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for | 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) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Am Div P.O | Hing Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314 | Street Address 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



Guapa Boutique Inc.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

| (Name of Corporation as curre | ntly filed with the Florida Dept. of State) " |
|--|--|
| P22000046S64 | |
| (Document Number | r of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| Chamorro Holding Group, Inc | The new |
| 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.2 | "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 3300 SE 7th Ct Homestead, FL 33033 |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3300 SE 7th Ct Homestead, FL 33033 |
| D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address Name of New Registered Agent | |
| STATE OF THE STATE | |
| (Florida | street address) |
| New Registered Office Address: | (Cay) , Florida(Zip Coder |
| New Registered Agent's Signature, if changing Registered Age I kerely accept the appointment as registered agent—I om familia | nt: r with and accept the obligations of the position |
| Signature of New | Registered Agent, if changing |
| Check if applicable | |

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)

Ĩo:

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, CEO = 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 I'ST 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>P1</u> | John Doc | |
|----------------------------|--|-------------------------------|--------------------------|
| X Remove | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | þ | Glendaly Chamorro | 815 N Homestead Blvd 244 |
| Add | ************************************** | | HOMESTEAD, FL 33030 |
| X Remove 2) X Change |) [,] | Luis Alberto Chamorro Pacheco | 3300 SE 7th Ct |
| Add | | | HOMESTEAD, FL 33033 |
| Remove 3.) Change | | | <u></u> |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

To:

| F If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|--|
| New Business purpose: Chamorro Holding Group, Inc. is a parent company that controls multiple businesses |
| without directly managing daily operations. It provides oversight and allocates resources to enhance financial |
| performance and growth across the group. |
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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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| · Pa | ige: 6 of 6 | 2024-11-14 09:47:28 UTC÷14 | 18506176383 | From: ZenBusiness User |
|---------------------------------------|--------------------|---|--------------------------------|-----------------------------|
| The date of each a date this document | | doption: | | if other than the |
| Effective date <u>if a</u> | plicable: | (no more than 90 days after an | rendment file date) | |
| | | block does not meet the applicable statutory apartment of State's records. | filing requirements, this date | e will not be listed as the |
| Adoption of Amen | dment(s) | (CHECK ONE) | | |
| The amendment action was not re | | opted by the incorporators, or board of direct | ors without shareholder action | n and shareholder |
| | | opted by the shareholders. The number of voifficient for approval. | tes east for the amendment(s |) |
| | | proved by the shareholders through voting greach voting group entitled to vote separately | | n e |
| "The numb | per of votes cast | for the amendment(s) was/were sufficient fo | r approval | |
| by | Not requ | ired based on the initial request | | |
| ν, | | (voting group) | · | |
| Г | Pated | 11 / 13 / 2024 | | |
| Š | ignature | Luis A Cham | 0110 | |
| | (By a d selecte | irector, president or other officer—if director d, by an incorporator—if in the hands of a re- ted fiduciary by that fiduciary) | | |

(Typed or printed name of person signing)
President

To:

(Title of person signing)

Luis Alberto Chamorro Pacheco