

Nov. 29. 2022 10:08AM
11/22/22, 11:41 AM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : GREEN BOX TAX SERVICES INC
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

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

Email Address: rcb9805@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CARI SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2022 NOV 29 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

11/30/2022



November 28, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CARI SERVICES CORP
7400 NW S. RIVER DR #B6
MEDLEY, FL 33166US

SUBJECT: CARI SERVICES CORP
REF: P22000051756

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

FAX Aud. #: H22000397674
Letter Number: 122A00026170

4220003976743

Articles of Amendment
to
Articles of Incorporation
of

FILED

2022 NOV 29 PM 1:16

CARI SERVICES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FL

P22000051756

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Claudia Ramos Babastro
1301 West 44 Street Apt 3
(Florida street address)

New Registered Office Address: Hialeah, Florida 33012
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Claudia Ramos Babastro

Signature of New Registered Agent, if changing

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>P</u>	<u>Ariel Y Rodriguez</u>	<u>20111 NW 77 CT</u>
<u>Add</u>			
<u>X</u> Remove			<u>Hialeah FL 33015</u>
2) <u>Change</u>	<u>VP</u>	<u>Carmen Gonzalez</u>	<u>20111 NW 77 CT</u>
<u>Add</u>			
<u>X</u> Remove			<u>Hialeah FL 33015</u>
3) <u>Change</u>	<u>P</u>	<u>Claudia Ramos Babastro</u>	<u>1301 West 44 Street</u>
<u>X</u> Add			<u>Apt 3</u>
<u>Remove</u>			<u>Hialeah FL 33012</u>
4) <u>Change</u>	<u>VP</u>	<u>Edgar Ramos Ruiz</u>	<u>1301 West 44 Street</u>
<u>X</u> Add			<u>Apt 3</u>
<u>Remove</u>			<u>Hialeah FL 33012</u>
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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)

☒ 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 11/22/2022 _____

Signature Claudia Ramos Babastro
(By a director, president or other officer - 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)

Claudia Ramos Babastro

(Typed or printed name of person signing)

P

(Title of person signing)