P22 000 056386

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COVER LETTER

TO: Amendment Section -Division of Corporations NAME OF CORPORATION: ___ 305.SMARTFIX INC DOCUMENT NUMBER: P22000056386 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EVELIO J GARCIA BESSE Name of Contact Person 305.SMARTFIX INC Firm/ Company 468 NW 22ND AVE STE 105 Address MIAMI FL 33125 City/ State and Zip Code JAVIERGB0202@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 832-2997
Area Code & Daytime Telephone Number : EVELIO J GARCIA BESSE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation

305.SMARTFIX INC			
(Name of Corporation as curren	tly filed with the Florida Dept.	of State)	
P22000056386			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation ad	opts the following amendment(s)	
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co".	A professional corporation na		
"chartered," "professional association," or the abbreviation "P.A B. Enter new principal office address, if applicable:	. 468 NW 22ND AVE		
Principal office address MUST BE A STREET ADDRESS)	STE 105		
	MIAMI FL. 33125	202	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	468 NW 22ND AVE	<u> </u>	
<u> </u>	STE 105		
	MIAMI FL. 33125	<u> </u>	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		ne of the	
Name of New Registered Agent			
/Florida	areet address)		
New Registered Office Address:	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Ager	nt•		
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations	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)			

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	<u>rg</u>	<u>John D</u>	<u>oe</u>	
X Remove	Y	Mike J	<u>ones</u>	
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	V		MARIAM ABELLO BESSE	3310 NW 183RD STREET
X Add				
Remove				MIAMI GARDEN FL 33056
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				W-1-
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach	iding or adding additions additional sheets, if necess	sary). (Be specific)	angers nete.			
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. <u>Han ar</u>	mendment provides for a ions for implementing th	<u>in exchange, reclassi</u> ie amendment if not	neation, or cance	<u>amendment itself:</u>	nares,	
$\frac{\mathbf{p}_{1} \mathbf{g}_{1} \mathbf{r}_{1}}{(i)}$	not applicable, indicate A	√/A)	Contract In the	The state of the s	<u>-</u>	
			_,			
						
						
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09/16/2022 ____, if other than the The date of each amendment(s) adoption: _ date this document was signed. 09/16/2022 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. (CHECK ONE) Adoption of Amendment(s) 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 (voting group) 09/16/2022 Dated__ Signature (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) EVELIO J GARCIA BESSE (Typed or printed name of person signing) PRESIDENT (Title of person signing)