## 2200063035

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	·
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8/23/2022

## COVERLETTER

COVEREDETER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Javier Give Shop
DOCUMENT NUMBER: 22000002085
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Yaira Avelino Name of Contact Person
Firm/ Company
3200 Summit Blvd. #21404
West Palsu Beach, F1 33416  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Univa Avolino at 501 777-2992 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section

Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

## **Articles of Amendment** to

Articles of Incorporation		•
of 2692 t		
Marier Coive Shap	533 £	u II: 0
(Name of Corporation as currently filed with the Florida Dept. of State)		
P22000062085		, zi''
(Document Number of Corporation (if known)	<del></del>	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendmer	nt(s) to
A. If amending name, enter the new name of the corporation:		
Yavier Coift Shop Itno.		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation	The new	
"Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain	n the word	
"chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: 3200 Symmit 1	Stud.	
(Principal office address MUST BE A STREET ADDRESS)	=1-0-0	
# 21409		
West Pala Beach.	F( 33	416
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		
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		
	•	
(Florida street address)	-	
(1 TOTAL STEEL MATES)		
New Registered Office Address:		
(City) (Zip C	(ode)	
Now Designated Association (Control Designation Designation)		
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.		
and the second s		
Signature of New Registered Agent, if changing		
Check if applicable		

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.

Example:

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>	Name	<u>Addres</u> s
l) Change			
Add			<del></del>
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			·
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sl	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)	
		_
l an amendment p	rovides for an exchange, reclassification, or cancellation of issued shares, lementing the amendment if not contained in the amendment itself:	
(if not applicat	ole, indicate N/A)	
<del></del>		
<del>-</del> -		

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing reartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directors without	out shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east ficient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the a	
"The number of votes cast f	or the amendment(s) was/were sufficient for approve	al
by		<i>y</i>
	(voting group)	-
selected	ector, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, tred fiduciary by that fiduciary)  (Typed or printed name of person signing	o Bizarro
	Vice Procide	n <del> </del>
-	(Title of person signing)	<u> </u>