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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BGCON GROUP LLC Account Number : I20220000126 Phone : (786)923-8020

Fax Number

: (305)280-1696

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

Email Address: info @ baean argup covy

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

## MASHIAJ INTERNATIONAL CORP

| Certificate of Status | 0       |
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR            | ATION: MASHIAJ INTERN  | NATIONAL CORP  |   |  |
|---------------------------|--|--|---|--|
| DOCUMENT NUMBI            | ER: P22000066028   |  |   |  |
|                           | Amendment and fee are sub  | omitted for filing.  |   |  |
| Please return all corresp | ondence concerning this mat  | ter to the following:  |   |  |
| F                         | HECTOR JIMENEZ   |  |   |  |
| _                         |  | Name of Contact Person   | 1   |  |
| E                         | BGCON GROUP LLC  |  |   |  |
| _                         |  | Firm/ Company  |   |  |
| 7                         | 7801 NW 37TH ST SUITE LP108  |  |   |  |
| -                         | Address  |  |   |  |
| 1                         | OORAL, FL, 33195   |  |   |  |
| -                         |  | City/ State and Zip Code   | 2   |  |
| í                         | INFO@BGCONGROUP.COM  |  |   |  |
| -                         | E-mail address: (to be us  | ed for future annual report                                      | notification)   |  |
| For further information   | concerning this matter, pleas  | se call:   |   |  |
| CABEZAS, JOSE             |  | at (   | 202-2562  |  |
| Name o                    | f Contact Person   | Area Co  | de & Daytime Telephone Number   |  |
| Enclosed is a check for   | the following amount made  | payable to the Florida Depa                                      | artment of State:   |  |
| ¥35 Filing Fee            | □\$43.75 Filing Fee & Certificate of Status                              | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                    |  |
| Ame<br>Divis<br>P.O.      | ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314 | Amend<br>Divisio<br>The C<br>2415 I                              | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |  |

## Articles of Amendment to Articles of Incorporation of

FILED

2022 SEP 26 AM 11: 23

MASHIAJ INTERNATIONAL CORP

| (Name of Corporation as curren  | tly filed with the Florida Dept. of State)                        |  |
|---|---|--|
| P22000066028  | •   |  |
| (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 adopts the following amendment(s) to |  |
| A. If amending name, enter the new name of the corporation;   | 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.A. | A professional corporation name must contain the word             |  |
| B. Enter new principal office address, if applicable:   | 5284 NW 114TH AVE   |  |
| (Principal office address MUST BE A STREET ADDRESS)   | UNIT 101  |  |
|   | DORAL, FL 33178   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 5284 NW 114TH AVE   |  |
|   | UNIT 101  |  |
|   | DORAL, FL 33178   |  |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre   |   |  |
| Name of New Registered Agent  |   |  |
| (Florida :  | street address)   |  |
| New Registered Office Address:  | , Florida   |  |
|   | (City) (Zip Code)   |  |
|   |   |  |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.  | nt: r with and accept the obligations of the position.            |  |
| Cionana of Nov.   | Registered Agent, if changing                                     |  |
| · ·   | Negotered 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<br>(Check One) | <u>Title</u> | <u>Name</u>   | Address                               |
| 1) X Change                   | P            | CABEZAS, JOSE | 5284 NW 114TH AVE                     |
| Add                           |              |               | UNIT 101                              |
| _ <del></del> _               |              |               | DORAL, FL, 33178                      |
| Remove                        |              |               |                                       |
| 2) Change                     |              | _             |                                       |
| Add                           |              |               |                                       |
| Remove Change                 |              |               |                                       |
| Add                           |              |               |                                       |
| Remove                        |              |               |                                       |
| 4) Change                     |              |               |                                       |
| Add                           |              |               |                                       |
| Remove                        |              |               | · · · · · · · · · · · · · · · · · · · |
| 5) Change                     |              |               |                                       |
| Add                           |              |               |                                       |
| Remove                        |              |               |                                       |
| 6) Change                     |              |               |                                       |
| Add                           |              |               |                                       |
| Remove                        |              |               |                                       |

| samending or adding additional Arti            | (Be specific)  |
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| if an amendment provides for an excl           | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame            | endment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)              | endment if not contained in the amendment itself:          |
| (9 //01 4/ // // // // // // // // // // // // |  |
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| The date of each amendmentist a  | 09/22/2022<br>duption:   | if other thin the  |
|--|--|--|
| date this document was signed.   | The state of the s | and marketing and admitistration and the first state of the first stat |
| 097  | 2/2022   |  |
| Effective date if applicable:  | (no more than 90 days after amendment file date  | The state of the s |
|  | (no more than 90 days after amendment file date  | 1  |
| Note: If the date inserted in this t<br>document's offective date on the D | lock does not meet the applicable statutory filing requirement partment of State's records.  | ns, this date will not be fisted as the  |
| Adoption of Amendment(s)   | (CHECK ONE)  |  |
| The amendment(s) was/were ad-<br>action was not required.                  | opted by the incorporators, or board of directors without shareh   | whiler action and shareholder  |
| The amendment(s) was/were ad-<br>by the shareholders was/were se           | opted by the shareholders. The number of votes east for the an afficient for approval.   | rendment(s)  |
|  | moved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment  |  |
| The number of votes cast   | for the amendment(s) was/were sufficient for approval  |  |
| by   |  |  |
| ,                                    | (voting group)   |  |
| 09/22/2023<br>Dared  |  |  |
| selecte  | irector, president or other officer - if directors or officers have d. by all incorporator - if in the hands of a receiver, trustee, or ded fiduciary by that fiduciary)   | not heen<br>other coust  |
|  | CABEZAS, JOSE  |  |
|  | (Typed or printed name of person signing)  | **************************************   |
|  | P  |  |
|  | (Title of person signing)  | The state of the s |
|  | ,  |  |