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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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Account Name : MIAMI BUSINESS SOLUTIONS, INC.

Account Number : I20170000845 : (786)546-4490 Phone Fax Number : (800)323-1074

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

Email Address: edvardo ambsteves. com

COR AMND/RESTATE/CORRECT OR O/D RESIGN **APREMIA INC**

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COVER LETTER

TO: Amendment Section Division of Corpor				
NAME OF CORPOR	ATTON:	APREMIA INC		
DOCUMENT NUMBI	P2200007118			
	f Amendment and fco are su	bmitted for filing.		
	ondence concerning this ma		g:	
	E	DUARDO MIRA	LLES	
-		Name of Conta	ct Person	
	MIAMI	BUSINESS SOLU	JTIONS I	NC
-		Firm/ Com	pany	
	18	45 E W <mark>EST PKW</mark>	Y STE 9	
-		Addres	8	
	PLE	MING ISLAND, I	FL 32003	
_		City/ State and	Zip Code	
	EDUA	ARDO@MBSTAX	es.com	
-	B-mail address: (to be u	sed for future annu	al report i	notification)
For further information	concerning this matter, plea	se call:		
EDUA	RDO MIRALLES	at (786	546-4490
Name of	Contact Person		Area Cod	e & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Flor	rida Depar	riment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Copy (Additional copenclosed)	y	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Maili	ng Address		Street A	
	idment Section			nent Section of Corporations
	ion of Corporations Box 6327			ntre of Tallahassee
	nassec, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

/23 12:54PM EST MBS Inc -	> FLA DEPT OF STAT	E-DIV CORP	స్తు 8506176380. Pg
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			ئىرى بى
	Articles of Amendme	nt	c.
	Articles of Incorporati	lon	
	APREMIA ÎNC		•
(Name of C	orporation as currently filed w	ith the Florida De	nt. of State)
 :	P22000071180		
	(Document Number of Corpor	ation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida i</i>	Profit Corporation (adopts the following amen
A. If amending name, enter the new name	of the corneration:		
A. Il amending harrie, enter the new paint	Of the Lat Bol Atlant.		TL.
name must be distinguishable and contain the	word "corporation," "company	" or "incorporated	The " or the abbreviation "Cor
"Inc.," or Co.," or the designation "Corp "chartered," "professional association," or	o," "Inc." or "Co". A profess	ilonal corporation	name must contain the v
B. Enter new principal office address, if a	nplicable:		
(Principal office address MUST RE A STR)	<u>(et aduress</u>)		
C. Enter new mailing address, if applicab	ia.		
(Mailing address MAY BE A POST QE)	FICE BOX)		
D. If amending the registered agent and/o	r registered office address in F	lorida, enter the m	ame of the
new registered agent and/or the new re	gistered office address:		
Name of New Registered Agent		.	
	(Florida street addre	38)	
New Registered Office Address:	(City)		, Florida(Zip Code)
	122		
New Dealstored Agentle Clareture if them	ring Panistarad Acamer		
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		accept the obligation	ns of the position.
		accept the obligatio	ns of the position.

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:

(Allach 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: John Doe X Change ᄪ Y Mike Jones X Remove Sally Smith SY _X Add Address Type of Action Title Name (Check One) YAILIN GALVEZ GONZALEZ 100 MAPLE AVE \$ **PSD** 1) ____ Change LEHIGH ACRES, FL 33936 __ Add Х Remove CARLOS CONCEPCION 100 MAPLE AVES PSD 2) ____ Change LEHIGH ACRES, FL 33936 Х Add _ Remove 3) ___ Change __ Add __ Remove 4) ____ Change __ Add ___ Remove 5) ____ Change __ Add ____ Remove 6) ____ Change Add Remove

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ovisions for	ent grovides for an r implamenting the plicable, indicate No	e amendment if r	suffication, or c	enceliation of is the amendment	sued sheres. itself:	
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The date of each amendment(s) as	option:, if other than t
date this document was signed.	
Effective date <u> [applicable</u> :	(no more then 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)
2 The amendment(s) was/were ad- action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were st	pted by the shareholders. The number of votes cast for the emendment(s) filelent for approval.
☐ The amendment(s) was/were ap must be separately provided for	noved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	
Signaturo (By a c	irector president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	CARLOS CONCEPCION
	(Typed or printed name of person signing)
	NEW PRESIDENT
	(Title of person signing)