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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GARCIA CUBIDI	ES CORP	
DOCUMENT NUME			· · · · · · · · · · · · · · · · · · ·
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	LUIS R. SMITH		
		Name of Contact Persor	1
	TAXES USA LLC		
		Firm/ Company	
	11402 NW 41ST STREET SU	UITE 211	
		Address	······································
	DORAL, FL 33178		
		City/ State and Zip Code	e
	INFO@TAXESUSAMIAMI	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas		470-242 9
Name o	of Contact Person	at (at Co	de & Daytime Telephone Number
	r the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co 2415 f	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

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(Name of Corporation a	s currently filed with the F	lorida Dept. of State)		
P22000073141				
(Document	Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607,1006, Florida States Articles of Incorporation:	tutes, this Florida Profit Con	poration adopts the follo	wing amend	iment(s) t
A. If amending name, enter the new name of the corpo	ration:		The 1	
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	"Co". A professional con	orporated" or the abbrevi poration name must cor	iation "Corp	p., ''
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE.</u>	<u></u>		 -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		iter the name of the		- - -
Name of New Registered Agent			.	 -
	(Florida street address)			· ·
New Registered Office Address:	(City)	, Florida	Zip Code)	<i>-</i> -
	(City)	(2	лр соце)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		e obligations of the positic	on.	
	,,			
Signature	e of New Registered Agent, ij	Changing		
Check if applicable		'କ' କ		

☐ 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.

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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ANDREA C. GARCIA CUBIDES	7925 NW 104TH AVE
X Add	-		UNIT 25
Remove			DORAL, FL 33178
2) Change	VP	SAMUEL N. GARCIA CUBIDES	7925 NW 104TH AVE
X Add			UNIT 25
Remove 3) Change			DORAL, FL 33178
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			***
6) Change			
Add			
Remove			

Attach <i>additional sh</i> e	ing additional Art eets, if necessary).	(Be specific)				
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f an amendment pr	ravidae far an ave	hango raelassi	figation or ca	ncallation of iccu	ad charac	
provisions for impl	lementing the ame	endment if not	contained in t	he amendment i	tself:	
(if not applicab	le, indicate N/A)					
				- 		_
	•			,,	-	- -

The date of each amendment(s late this document was signed.) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the locument's effective date on the	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
01/08/20 Dated	024	
Signature	(coco C)	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	SAMUEL GARCIA MORENO	<u>:</u>
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	