## P22000087225

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Cuba Movil Max Ir	nc 	
DOCUMENT NUM	1BER: P22000087225		
	es of Amendment and fee are su	bmitted for filing.	
Please return all con	respondence concerning this ma	tter to the following:	
	Jose Alberto Marquez Herrera	ì	
		Name of Contact Person	1
	<del></del>	Firm/ Company	
	101 W 32nd St		
		Address	
	Hialeah, FL 33012		
		City/ State and Zip Code	2
	ordendesanbenito@gmail.com	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Jose Alberto Marque	ez Herrera	at (305	518-0194
Nam	e of 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address mendment Section		Address Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 52314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

3624 OCT 28 AMIO: 12

## Articles of Amendment to Articles of Incorporation of

Cuba Movil Max Inc		
(Name of Corporation as	currently filed with the Florida Dept. of State)	
P22000087225		
(Document N	lumber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the foll	owing amendment(s)
A. If amending name, enter the new name of the corpora	ation:	
Marquez Borges Investment Inc		The new
name must be distinguishable and contain the word "corpora" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must co	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>s</u> )	
	<del></del>	
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		
Name of New Registered Agent		
		<u> </u>
	Florida street address)	
New Registered Office Address:	. Florida	
New Registered Office Address.		(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		tion
Thereto, accept the appointment at registered agents tarif	was accept the own games by the point	202 E
		00T 2
Signature e	of New Registered Agent, if changing	83
Check if applicable		1988 1988 1988 1988 1988 1988 1988 198
$\Box$ The amendment(s) is/are being filed pursuant to s. 607.01	120 (11) (e), F.S.	mili 🚾

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 Jon	<u>ies</u>	
X Add	<u>SV</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>	Ì	<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		<u> </u>		<del></del>
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Remove Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			<u></u>	
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
6) Change				
Add				<u></u>
Remove				7 00 1 00
				;; - <del>-</del>

(Attach additional sheets, if necessary).	(Be specific)
None	
<u> </u>	
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	<del></del>
F. If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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other than
e listed as
holder
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SECRETARY OF STATE
TALLARESSEE, FL