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R. HUNT 05/03/23

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HARMONY LIQU	JOR CORP.		
	BER: P23000017641			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	LILLIAN SARDINAS			
		Name of Contact Person		
	SARDINAS & ASSOCIATE	S ACCOUNTANTS P.A.		
		Firm/ Company		
	13002 SW 120TH ST			
		Address		
	MIAMI, FL 33186			
		City/ State and Zip Code		
	SARDINASLILLIAN@GM	All COM		
	-	sed for future annual report	notification)	
	12 Mart address, (to be d.	sed for fatare annual report	IN THE STATE OF TH	
For further informati	on concerning this matter, plea	se call:		
LILLIAN SARDINA	AS	305 at (298-8781	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	urtment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

10

HARMONY LIQUOR CORP.

TAKMON LIQUOR CORT.			
(Name of Corporation as curren	tly filed with the Florida Dept	. of State)	
P23000017641			
(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 ac	dopts the following amo	endment(s)
A. If amending name, enter the new name of the corporation:			
HARMONY TRUCKS CORP.		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 n	or the abbreviation "C	orp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2500 NW 46 ST		
(Trincipal office duaress areas in the interpretation of the inter			
	MIAMI, FL 33142		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2500 NW 46 ST	28 53	
		- 4	E 1]
	MIAMI, FL 33142	<u> </u>	- T
D. If amending the registered agent and/or registered office ad		13.74 🔼	D
new registered agent and/or the new registered office addre	<u>\$8:</u>	32 24 25 26 26 27 26 27 26 27 26 27 26 27 26 27 26 27 26 27 27 27 27 27 27 27 27 27 27 27 27 27	
Name of New Registered Agent			
(Florida :	street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia.		s of the position.	
Signature of New	Registered 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	PT John D	Doc	
X Remove	V Mike J	lones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		and the same of th	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach addition	adding additional Art al sheets, if necessary).	(Be specific)				
						
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an amendma	nt provides for an excl	hange, reclassifica	tion, or canc	ellation of issu	ed shares.	
rovisions for	implementing the ame	ndment if not cor	ntained in the	amendment it	self:	
(if not app	licable, indicate N/A)	·				
					 	
					·· ···	
					· · · · · · · · · · · · · · · · · · ·	
				11. 247		

APRIL 25, 2023
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
Dated Signature Constitution of the second s
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
KAREL GUERRA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)