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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HWAYS KAPPY	DAYS ICE Cream, Tru		
DOCUMENT NUMBER: <u>7230000 2040</u> =	}		
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following	<i>y</i> .		
ZUIGHA Col-			
Hhuays Hamy Firm Comp	DAYS ICE Cream Inc		
115 W Green	St		
Recry, FL City/State and Z	32347 Zip Code		
E-mail address: (to be used for future annua	O 9Mail Com		
For further information concerning this matter, please call: ZUEKA CONCECT at (8)	50 371-0631		
Name of Contact Person A	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Flori	da Department of State:		
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Certificate of Status Certified Copy (Additional copenclosed)	Certificate of Status		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32303

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Articles of Amendment

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Articles of Incorporation	
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DAVS TEE CEEM JAY	2023 HAR 30
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(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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)

Please note the officer/director title by the first letter of the office litle:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director, \ TR = Trustee, \ C = Chairman \ or \ Clerk; \ CEO = Chief$ 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.

Evample: <u>X</u> Change	<u>PT</u> John	Doc	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sallv</u>	· <u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) ChangeX Add	<u>T</u>	Ruben Cabiera	PO BOX 1402 Persy FL 32348
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	•		
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<u> </u>				
				
f an amendment provides for an exc	hange, reclassification, or	cancellation of issued s	hares.	
provisions for implementing the am	endment if not contained	in the amendment itself	.	
(if not applicable, indicate N/A)				
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The date of each amendment(s) adoption:
the date of each amendment(s) adoption. date this document was signed.
Effective date if applicable: (no more than 90 days after amendment (ile 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"
by
Dated
(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)
Zuleika Cabrara
(Typed or printed name of person signing)
Resident
(Title of person signing)