P13000038730

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer. |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



300409737263

SECRETARY OF STATE

JUN -2 PH 4: 17

W/

COVER LETTER *

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: COCIQUE PRESHOD VSF, CORP DOCUMENT NUMBER: P2300038730 |
|---|
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Junier Fernandez Mayor Name of Contact Person |
| 1155 W. 29W Street |
| Halean, Fl. 33012 City/ State and Zip Code |
| T:-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Vonier Fernander Mayor 186, 359-7705 B. S. Area Code & Daytime Telephone Number B. S. S. Area Code & Daytime Telephone Number B. S. |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

| | 10 |
|---|---|
| | Articles of Incorporation |
| Cacique | Jetshop y&F CORP. |
| (Name of Corpor | ration as currently filed with the Florida Dept. of State) |
| Pa80000 | J3X 130 |
| (Do | seument Number of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Flo its Articles of Incorporation: | orida Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of th | e corporation: |
| | |
| (Principal office address MUST BE A STREET A | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u> | <u>BOX</u>) |
| D. If amending the registered agent and/or registered agent and/or the new register | istered office address in Florida, enter the name of the red office address: |
| Name of New Registered Agent | |
| | (Florida street address) |
| New Registered Office Address: | , Florida 🥴 😂 |
| | (City) (Zip Code) C Zip C Zip Code) C Zip C Zip Code) C Zip Code) C Zip |

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

Thereby 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)

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 Doe | |
|---|-------------------------------------|--------------------------|
| X Remove | V Mike Jones | |
| X Add | SV Sally Smith | |
| Type of Action (Check One) 1) Change Add | President Junier Fernander Mayor | Halean FC 33010 |
| Remove 2)ChangeAdd | | |
| Remove 3) Remove Add | | |
| Remove 4)ChangeAdd | | SECKETARY OF TALL AHASSE |
| Remove 5)ChangeAdd | | PH L: 17 |
| Remove 6) Change Add | | |
| Remove | | |

| tach additional sheets, if necessary). (Be specific) | | |
|--|--------------------|------------------|
| | | _ |
| | | |
| | | |
| | | _ |
| | | — |
| | | |
| | | |
| | | _ |
| | | |
| | | |
| | | |
| | | _ |
| | | |
| | | _ |
| | | _ |
| | | |
| | *** | _ |
| | | _ |
| | | |
| | | _ |
| | | - |
| | | |
| | (f) | r\ 3 |
| in amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: | 7 € | 2023 JUN |
| (if not applicable, indicate N/A) | | ۳ |
| | SECRETA: TALLAH | === |
| | <u> </u> | - -'5 |
| | ASSEE, I | <u></u> p |
| | in C | PK 4: 17 |
| | | <u> </u> |
| | E. J. | ~- - |
| | | |
| | | |
| | | |
| | | |

| The date of each amendment(s) adoption: | , if other than the |
|--|---|
| date this document was signed. | |
| Effective date if applicable: US 194 33 | |
| (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 wil document's effective date on the Department of State's records. | I not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required. | l shareholder |
| ☐ 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_05/24/53 | |
| Signature // ackel | |
| (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) | |
| Typed or printed name of person signing) | |
| 1)100 Procedent | II 1833 J SECR |
| (Title of person signing) | 51 5 |
| | ER A T |
| | PA I |
| | H -2 PM 4: 17 TARY OF STAT AHASSEE, FL |
| | H -2 PM 4: 17 TARY OF STATE AHASSEE, FL |