

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230004409073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CG TAX, INC. Account Number : I19990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

- '1	Address:			
-mai (AAAPACC'			

COR AMND/RESTATE/CORRECT OR O/D RESIGN DOLOBU, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Help

Articles of Amendment to Articles of Incorporation of

DOLOBU, INC.			
Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
P23000081316		,	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment	at(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association."	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "	
B. Enter new principal office address.	if applicable:	8001 CRESPI BLVD APT 5D	
(Principal office address MUST BE A S		MIAMI BEACH, FL 33141	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE ROY:	8001 CRESPI BLVD APT 5D	
(maining dumess mar boar ose	<u> </u>	MIAMI BEACH, FL 33141	
			•
			ί.,
D. If amending the registered agent at	nd/or registered office add	dress in Florida, enter the name of the	-
new registered agent and/or the ne		<u>15:</u>	-
Name of New Registered Agent	NESTOR J. SOLIAN		
	8001 CRESPI BLVD AP	T 5D	
	(Florida s	treet address)	
New Registered Office Address:	MIAMI BEACH	. Florida 33141	
HEW RESILIED OFFICE HARRIES.		(City) (Zip Code)	
New Registered Agent's Signature, If c	hanging Registered Agen	nti and accept the obligations of the position.	
I nereoy accept the appointment as regu-	tereu agent. Tam jamilian	yani tha accept the boligations of the position.	
	// /	[A []	
		<u>//8/-//</u>	
	Signature of New	Registeded Agent, if changing	
Check if applicable			
☐ The amendment(s) is/are being filed p	oursuant 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 Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	•
X Add	SV Sa	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	<u>P</u>	RAMIREZ, LINDA G	1255 W 53RD ST APT 309
Add			HIALEAH, FL 33012
X Remove			
2) Change	P	SOLIAN, NESTOR J.	8001 CRESPI BLVD APT 5D
X Add			MIAMI BEACH, FL 33141
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ර) Change			<i></i>
Add			
Remove			

If amending or adding additional Ar (Attach additional sheets, if necessary)). (Be specific)	
4		
•		
		
		
•		
		
		·
		;
If an amandment provides for an av	change, reclassification, or cancellation of issued shares.	
provisions for implementing the ap	pendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
A		
		• •
	• • •	

The date of each amendment(s)	idoption;	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme ufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	?ment
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	,"	•
	(voting group)	
DECEMB.	EA 28, 2023	
Signature	Viva (IVV)	• •
(By a c	liractor, president or other officer - if directors or officers have not bee	
	d, by an incorporator – if in the bands of a receiver, trustee, or other on ited fiduciary by that fiduc iary) – –	ourt .
арроп	•	
	LINDA RAMIREZ RICO	໌ ົ <i>ບ</i>
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

· ·