## P24000052064

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: \_\_\_\_\_CRISTINA'S JEWELRY INC DOCUMENT NUMBER: P24000052064 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RICARDO OROZCO Name of Contact Person CRISTINA'S JEWELRY INC Firm/ Company 14374 SW 159 TH TERRACE Address MIAMI FLORIDA 33177 City/ State and Zip Code ricardooroz(a)gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RICARDO OROZCO at (305 ) 972-1744

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

CRISTINA'S JEWELRY INC.	
(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
P24000052064	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	a <u>n:</u>
N/A	The new
	n," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
Trincipal office and the income of the incom	
	202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECURETAL SECURE
	AC P
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	ldress:
Name of New Registered Agent N/A	
(Flor	ida street address)
New Registered Office Address:	, Florida N/A
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	Arrant:
Thereby accept the appointment as registered agent. I am fam	
Signatura of N	New Registered Agent, if changing
Signature of the	ter regulation again, y changing

Check if applicable

<sup>☐</sup> 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	<u>PT</u>	<u>John D</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones.	
X Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		ADELMA C OROŽCO	14374 SW 159 TH TERRACE
X Add				MIAMI, FL US 33177
Remove				
2) Change		_		
Add				TACTOR
Remove 3 ) Change		<del></del>		SECURETALITY 28 F
Add				OF STATE
Remove				刊 5
4) Change		_		
Add				
Remove				
5) Change		_		
Add				**************************************
Remove				
6) Change		_		
Add				
Damara				

E. If amending or adding additional Articles, enter change(s) here (Attach additional sheets, if necessary). (Be specific)	P	
EIN 99-4539036		
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F. If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained i	cancellation of issued shares,	TA 5
(if not applicable, indicate N/A)	ii the amendment asen.	戸着む
N/A		
		<del></del>

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	N/A	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
N . Effective date <u>if applicable</u> :	A	
in applicante.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were ac by the shareholders was were s	lopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
must be separately provided fo	oproved by the shareholders through voting groups. The following statemary each voting group entitled to vote separately on the amendment(s):  1 for the amendment(s) was/were sufficient for approval	ભા
by NA		
by	(voting group)	
08/27/202	4	_
Dated		Si The
<b>.</b>		10 =
Signature	director, president or officer – if directors or officers have not been	―――――――――――――――――――――――――――――――――――――
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other cournted fiduciary by that fiduciary)	SECURETARISTE STAT
арроп		18 B
	RICARDO OROZCO	MA R
	(Typed or printed name of person signing)	775 5
	VP	, W
	(Title of person signing)	