P96 0000 11420

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Chantium Corporation: P960000 11420
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SUNSHINEFRENCHIE @ GMAIL, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GLENYS RODRIGUEZ at (561) 762-2082 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

CHANTILLY COR	PARATION
(Name of Corporation as currently	filed with the Florida Dept. of State)
Paironnelling	
(Document Number of Court Numb	Someonia (if house)
(Document Number of C	Lorporation (it known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Flits Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	702
(Principal office address MUST BE A STREET ADDRESS)	(3)
	P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining address MAT DE ATOST OFFICE BOX)	<u> </u>
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	Ω
Name of New Registered Agent JULAY	<u> PODRIGUEZ</u>
3668 6 (Florida stree	St TERR N
(101/0). (1	121170
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
x (α)	
Signature of New Reg	istered 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 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.

Example: X_Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
_X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u> <u>Addres</u> s	\wedge
1) Change	PT MARCUSY. Guerrier 811 S Lakes LANT ana, FL	ide PL
Add	LANT ana, FL	<u>3</u> 3462
Remove	PTN GENCE BOOKING OUR MINT	
2) Change Add	PID GLENYS RODRIGUEZ 3668 161st 7 Loxahatchee	<u>er</u> kn Genizi
Remove 3) Change	VS MAIKEL RODRIGUEZ FL 33470	<u>_</u>
Add	3668 1615+ To	<u>ER</u> R N
Remove	Loxahatchee &	FROVES
4) Change	<u> </u>	<u>'0</u>
Add		
Remove Change		
Add		
Remove		
6) Change		
Add		
Remove		

	, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:date this document was signed.	JUNE	<u> 30,</u>	202	if other than the
Effective date <u>if applicable</u> :	(no more than 90 day	ZO s after amend	ZOZ Iment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of		statutory fili	ng requirement	s, this date will not be listed as the
Adoption of Amendment(s) (CF	IECK ONE)			
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or board	of directors	without shareho	older action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The num approval.	nber of votes	cast for the amo	endment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through group entitled to vote:	voting group separately on	s. The following the amendmen	g statement t(s):
"The number of votes cast for the ame	ndment(s) was/were suf	fficient for ap	proval	
by				
(vot	ing group)			
Dated $6/30$	12021	- /		
Signature (By a director, pres	Dent of other officer – in orporator – if in the hand	if directors or ds of a receiv	officers have n	ot been ther court
appointed fiduciary	by that fiduciary)	~ ~ ~	_	
$\mathcal{C}_{\mathcal{T}}$	IERYL S	SG 1	ZUSH	1
	Typed or printed name	of person sig	ning)	<u> </u>
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	Title of person signing))		