# P2000014027

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | <del></del> |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
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SECRETALY OF STATE

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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | DATION.                                                                                | JARICO CORPORATION                                                |                                                                                           |                  |
|-------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------|
| DOCUMENT NUM            | P20000014027<br>BER:                                                                   |                                                                   |                                                                                           |                  |
|                         | of Amendment and fee are sul                                                           |                                                                   | -                                                                                         |                  |
|                         |                                                                                        | -                                                                 |                                                                                           |                  |
| Please return all corre | spondence concerning this ma                                                           | tter to the following:                                            |                                                                                           |                  |
|                         | FREDDY AGUILAR                                                                         |                                                                   |                                                                                           |                  |
|                         | WORLDWIDE REALTY GR                                                                    | Name of Contact Person<br>OUP INC                                 | 1                                                                                         |                  |
|                         | 12498 SW 123 COURT                                                                     | Firm/ Company                                                     |                                                                                           |                  |
|                         |                                                                                        | Address                                                           |                                                                                           | コ <u>ロ</u>       |
|                         | MIAMI, FLORIDA 33186                                                                   |                                                                   |                                                                                           | CREI             |
|                         |                                                                                        | City/ State and Zip Code                                          | 2                                                                                         | 22               |
|                         | gloria@stspts.com                                                                      |                                                                   |                                                                                           | 787<br>787       |
|                         | E-mail address: (to be us                                                              | sed for future annual report                                      | notification)                                                                             |                  |
| For further information | on concerning this matter, pleas                                                       | se call:                                                          |                                                                                           | RETAICY OF STATE |
| FREDDY AGUILAR          |                                                                                        | 305<br>at (                                                       |                                                                                           |                  |
| Name                    | of Contact Person                                                                      | Area Co                                                           | de & Daytime Telephone Number                                                             |                  |
| Enclosed is a check for | or the following amount made                                                           | payable to the Florida Depa                                       | artment of State:                                                                         |                  |
| ■ \$35 Filing Fee       | ☐\$43.75 Filing Fee & Certificate of Status                                            | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52,50 Filing Fee Centificate of Status Certified Copy (Additional Copy is enclosed)    |                  |
| An<br>Div<br>P.C        | illing Address condinent Section rision of Corporations D. Box 6327 lahassee, FL 32314 | Amenc<br>Divisic<br>The C                                         | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |                  |

Tallahassee, FL 32303

2023 APR 25 PM 1: 29

## Articles of Amendment to Articles of Incorporation of

| AUTOPARTES GUARICO CORPORATIO |
|-------------------------------|
|-------------------------------|

| ( <u>Name of Corp</u><br>P20000014027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | oration as currently filed with the Florida Dept. of State                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------|
| ([                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ocument Number of Corporation (if known)                                            |                          |
| Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | lorida Statutes, this Florida Profit Corporation adopts the fe                      | ollowing amendment(s) to |
| A. If amending name, enter the new name of NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | he corporation:                                                                     | <b>201</b>               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                          |
| B. Enter new principal office address, if appli<br>(Principal office address MUST BE A STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                          |
| <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del></del>                                                                         |                          |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N/A                                                                                 | 2023 APR<br>SECRET       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     | 25 PH                    |
| D. If amending the registered agent and/or re-<br>new registered agent and/or the new registered agent and/or the new registered agent agen | gistered office address in Florida, enter the name of the ered office address:      | I: 29<br>STATE           |
| Name of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | <del></del>              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Florida street address)                                                            |                          |
| N/A<br>New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | , Florida                                                                           |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (City)                                                                              | (Zip Code)               |
| New Registered Agent's Signature, if changin<br>I hereby accept the appointment as registered ag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2 Registered Agent:<br>ent. I am familiar with and accept the obligations of the po | esition.                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature of New Registered Agent, if changing                                      |                          |

Check if applicable  $\Box$  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.

| X Change                   | <u>PT</u>    | John Doc                    |                                                 |
|----------------------------|--------------|-----------------------------|-------------------------------------------------|
| X Remove                   | <u>V</u>     | Mike Jones                  |                                                 |
| _X Add                     | <u>sv</u>    | Sally Smith                 |                                                 |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>                 | <u>Addres</u> s                                 |
| X 1) Change                | CEO          | WORLDWIDE REALTY GROUP, INC | 12498 SW 123 CT MIAMI FL 33186                  |
| Add                        |              |                             |                                                 |
| Remove 2) Change           | PT           | DAVID, FRANKLIN             | 12498 SW 123 CT MIAMI FL33186                   |
| Add Remove                 | PΤ           | DAVID, DAVID                | 27.29<br>12498 SW 123 CT MIAMI FL33 (26 A) 7.77 |
| 3) Change Add              |              |                             | A T 25                                          |
| Remove 4) Change           |              |                             | STATE                                           |
| Add                        |              |                             |                                                 |
| Remove  5) Change          |              |                             |                                                 |
| Add                        |              |                             |                                                 |
| Remove                     |              |                             |                                                 |
| 6) Change Add              |              |                             |                                                 |
| Remove                     |              |                             |                                                 |

| The date of each amendment(s) adoption                                                  | n:                                                                                                                               | if othe           | r than      | the       |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|-----------|
| date this document was signed. $03/25/202$ .                                            | 3                                                                                                                                |                   |             |           |
| Effective date if applicable:                                                           |                                                                                                                                  |                   | _           |           |
|                                                                                         | (no more than 90 days after amendment file date)                                                                                 |                   |             |           |
| Note: If the date inserted in this block of document's effective date on the Department | does not meet the applicable statutory filing requirements, this date will lent of State's records.                              | not be lis        | sted as     | the       |
| Adoption of Amendment(s)                                                                | (CHECK ONE)                                                                                                                      |                   |             |           |
| ■ The amendment(s) was/were adopted by action was not required.                         | by the incorporators, or board of directors without shareholder action and                                                       | sharehold         | er          |           |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient             | by the shareholders. The number of votes cast for the amendment(s) int for approval.                                             |                   |             |           |
|                                                                                         | by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s): |                   |             |           |
| "The number of votes cast for th                                                        | e amendment(s) was/were sufficient for approval                                                                                  |                   |             |           |
| by                                                                                      |                                                                                                                                  |                   |             |           |
|                                                                                         | (voting group)                                                                                                                   |                   |             |           |
| Dated OH S                                                                              | 3113035/                                                                                                                         | SECRETA<br>TALLAL | 2023 APF    |           |
| Signature                                                                               |                                                                                                                                  | A H               | R 25        | y kepina. |
| (By a directo                                                                           | r, president or other officer – if directors or officers have not been                                                           | 70 ×              |             | iTí       |
| selected, by a                                                                          | an incorporator – if in the hands of a receiver, trustee, or other court                                                         | 発品                | 7           | -         |
|                                                                                         | uciary by that fiduciary)                                                                                                        | 17 co             | <del></del> | الربيا    |
| PKEI                                                                                    | DDY AGUILAR                                                                                                                      | TATE              | 29          |           |
| <del></del>                                                                             | (Typed or printed name of person signing)                                                                                        |                   | _           |           |
| PRES                                                                                    | SIDENT                                                                                                                           |                   |             |           |
|                                                                                         | (Title of person signing)                                                                                                        |                   | _           |           |