## P19000022892

(Req	uestor's Name)	
(Add	ress)	
DbA)	ress)	
(City	/State/Zip/Phone	e #)
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Cf 4/4/2022

## COVER LETTER

TO: Amendment Section Division of Corporations Ş

NAME OF CORPO	ORATION: SEIZPAR AMERI	CA, CORP		
	1BER: P19000022892			
	s of Amendment and fee are su	bmitted for filing.		
Please return all com	espondence concerning this ma	tter to the following:		
		Name of Contact Person	1	
	SEIZPAR S/A			
		Firm/ Company		
	7065 Westpointe Blvd, Suite	310		
		Address		
	Orlando, Fl. 32835			
		City/ State and Zip Cod	e	
	info@aesaccounting.net			
	-	sed for future annual report	notification)	
For further informati Alejandra Lopez	on concerning this matter, pleas	se call:  at { 407	, 530-0958	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check (	for the following amount made		,	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Di P.G	nendment Section vision of Corporations  D. Box 6327  Hahassee, FL 32314	Street Address 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 of

FILED

SEIZPAR AMERICA, CORP

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2022 HAR 21 AM 8: 45

(Name of Corporation	on as currently filed with the Flor	rida Dept. of State)
P19000022892		SEURE TALL A SECT STATE
(Docun	nent Number of Corporation (if kno	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation;	a Statutes, this Florida Profit Corpo	oration adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
Napegue America Corp		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	" or "Co". A professional corpe	porated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADL</u>	<u>ORESS</u> )	
	<del></del>	
C. Enter new mailing address, if applicable:	114.	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
		<u> </u>
D. If amending the registered agent and/or register	red office address in Florida, ente	er the name of the
new registered agent and/or the new registered		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
the grant an opportunities.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		phlications of the position
	1 1177 juniani 1777 (117	The position
Signa	iture of New Registered Agent, if c	hanging

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 Do	<u>e</u>	
X Remove	$\underline{V}$	Mike Jos	<u>nes</u>	
X Add	<u>SV</u>	Sally Sm	nith .	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		~		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change	-	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

<u>If amending or adding additional Artic</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
	-
<del></del>	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend flicient for approval.	lment(s)
	roved by the shareholders through voting groups. The following seach 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	16/2022	
selected	rector president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other and fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Diuctor	···
	(Title of person signing)	