

7/14/23, 5:08 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : CYAN CONSULTANTS INC.
 Account Number : 120180000074
 Phone : (321)710-2030
 Fax Number : (407)650-3216

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
PAMPADO INVESTMENTS CORP

| | |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PAMPADO INVESTMENTS CORP

DOCUMENT NUMBER: P18000064547

The enclosed *Articles of Amendment* and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

RAQUEL PAMPADO

Name of Contact Person

PAMPADO INVESTMENTS CORP

Firm/ Company

111 E MONUMENT AVE, SUITE 401 - 12

Address

KISSIMMEE, FL 34741

City/ State and Zip Code

DOCUMENTS@CYANCINC.COM

E-mail address: (to be used for future annual report notification)

2023 JUL 17 11:00 AM

For further information concerning this matter, please call:

RAQUEL PAMPADO

at (321) 710-2030

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

PAMPADO INVESTMENTS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000064547

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NO CHANGE

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

111 E MONUMENT AVE

SUITE 401 - 12

KISSIMMEE, FL 34741

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

111 E MONUMENT AVE

SUITE 401 - 12

KISSIMMEE, FL 34741

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent MARIA C. T. MONTOYA

111 E MONUMENT AVE, SUITE 401 - 12

(Florida street address)

New Registered Office Address: KISSIMMEE, Florida 34741

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|---|-------|-------------------------|---------------------|
| 1) <input checked="" type="checkbox"/> Change | CEO | LEANDRO PAMPADO | 111 E MONUMENT AVE |
| <input type="checkbox"/> Add | | | SUITE 401 - 12 |
| <input type="checkbox"/> Remove | | | KISSIMMEE, FL 34741 |
| 2) <input checked="" type="checkbox"/> Change | CFO | SONIA DS GARCIA PAMPADO | 111 E MONUMENT AVE |
| <input type="checkbox"/> Add | | | SUITE 401 - 12 |
| <input type="checkbox"/> Remove | | | KISSIMMEE, FL 34741 |
| 3) <input checked="" type="checkbox"/> Change | COO | RAQUEL PAMPADO | 111 E MONUMENT AVE |
| <input type="checkbox"/> Add | | | SUITE 401 - 12 |
| <input type="checkbox"/> Remove | | | KISSIMMEE, FL 34741 |
| 4) <input checked="" type="checkbox"/> Change | SEC | REBEKA PAMPADO | 111 E MONUMENT AVE |
| <input type="checkbox"/> Add | | | SUITE 401 - 12 |
| <input type="checkbox"/> Remove | | | KISSIMMEE, FL 34741 |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:*(Attach additional sheets, if necessary). (Be specific)*

2023-07-14 21:12 01 GMT

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: _____, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 07 / 14 / 2023

Signature _____
(By a director, president or other officer if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RAQUEL PAMPADO

(Typed or printed name of person signing)

COO

(Title of person signing)

2023.07.14 11:11:03