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(((H23000400341 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: LAMADRID FINANCIAL SERVICES CORP

Account Number : 120200000059

Phone : (954)727-9771

Fax Number

: (954)727-9773

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

## COR AMND/RESTATE/CORRECT OR O/D RESIGN 1407 TRUMP TWO CORP

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A. BUTLER

NOV 2 1 2023

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: 1407 TRUMP TWO CORP DOCUMENT NUMBER: P17000045915 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PALOMA T. ZAVALA RUIZ Name of Contact Person 1407 TRUMP TWO CORP Firm/ Company 15901 E COLLINS AVE, SUITE 1407 Address SUNNY ISLES, FL 33160 City/ State and Zip Code VICTORIAGOROS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (595 ) 981-426047

Area Code & Daytime Telephone Number Paloma T Zavala Ruiz Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & □\$52.50 Filing Fee ☐\$43.75 Filling Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## Articles of Amendment

FILED

	Articles of Inc	orporation	1 1	EU
1407 TRUMP TWO CORP	of		5053 NOA 50	PH 1:39
(Name o	f Corporation as currentl	y filed with the F	orida Dept. of State)	
P17000045915			TALLEN	SESTATE
	(Document Number of	f Corporation (if k		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this .	Florida Profit Co.	rporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	i professional co	corporated" or the abbr rporation name must	eviation "Corp.," contain the word
B. Enter new principal office address,		N/A		
(Principal office address MUST BEAS	TREET ADDRESS )			
				<u> </u>
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)	icable: OFFICE BOX)	N/A		
D. If amending the registered agent an	d/or registered office add	ress in Florida, e:	nter the name of the	
new registered agent and/or the nev	LAMADRID FINANCIA		ŘP	
Name of New Registered Agent				<del>-</del>
	1265 S. PINE ISLAND RI		<u> </u>	
	•	eet address)	22	3794
New Registered Office Address:	PLANTATION	7G: 1	, Florida	(Zip Code)
		(City)		(Lip Code)
		(City)		(Lip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	<u>:</u>		
New Registered Agent's Signature, it is I hereby accept the appointment as regist	tered agent. I am familigr	with and accept th	ie obligations of the pos	ition.
	// 0	1		
		P		
	Signature of New R	Registered Agent, i	f changing	
		<u>.</u>		
Check if applicable  The amendment(s) is/are being filed p	oursuant to s. 607.0120 (111)	(e), F.S.		
■ The amendment(2) is are neural men h	(11)	1 /3		

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 = ChiefExecutive 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: <u>X</u> Change	<u>PT</u>	<u>Iohn Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One)  I) X Change	P	PALOMA T. ZAVALA GOROSTIA	15901 E COLLINS AVE
_			UNIT 1407
Add			SUNNY ISLES, FL 33160
Remove	VP	CATALINA B. GOROSTIAGA	1590) E COLLINS AVE
2) Change X			UNIT 1407
Add			SUNNY ISLES, FL 33160
Remove 3) Change	\$EC	VICTORIA GOROSTIAGA	15901 E COLLINS AVE
X Add	·		UNIT 1407
			SUNNY ISLES, FL 33160
Remove	D	PZ SRL	SANTA ROSA 672 C/AV. ESPAN
4) Change	,		ASUNCION, PY PARAG-UAY P
Add X _			
A Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

	smending of adding additional Articles, enter change(s) here:  mach additional sheets, if necessary). (Be specific)							
			<del> </del>					
							<u> </u>	
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		<del></del>	<del>,</del>					
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							<del></del>	
rovision	ndment provid as for impleme at applicable, in	nting the ame	hange, reclass endment if no	ification, or o t contained i	cancellation on the amendi	of issued sha nent itself:	( <b>c.</b>	
<u> </u>			<u>-</u>		<u> </u>			
							<del></del> ;	

he date of each amendment(s) a	doption:, if other than th
late this document was signed.	•
ffective date if applicable:	(no more than 90 days after amendment file date)
	·
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	29
·/	(voting group)
11/17/202	3
Dated	<del></del>
S:	tectoria Gonaliaga
Signature	director, president or other officer - if directors or officers have not been
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appon	nted fiduciary by that fiduciary)
	Victoria Gorostiaga
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)