F2000004346

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)
(Business Entity Name))
(Document Number)	
Certified Copies Certificates of	f Status
Special Instructions to Filing Officer:	
Office Use Only	





05/07/24--01009--003 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

EARTH ROBOTICS INC SUBJECT:_

Name of Corporation

DOCUMENT NUMBER: F20000004346

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY GONZALEZ

Name of Contact Person

SMAART LLC

Firm/Company

2319 N ANDREWS AVE

Address

WILTON MANORS, FL 33311

City/State and Zip Code

ANTHONY@SMAARTCOMPANY.COM

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

For further information concerning this matter, please call:

AMIR EMACHA

Name of Contact Person

347 at (_____ Area Code & Davtime Telephone Number

_583-2287 _)__

Enclosed is a check for the following amount:

□\$35 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status

□ \$43.75 Filing Fee & Certified Copy

□ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

DocuSign Envelope ID: F451FB16-AFA2-4B38-A4DE-607965F15D2A

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA Martin J BAID: 24

(Pursuant to s. 607.1504, F.S.)

SECTION 1

(1-3 MUST BE COMPLETED)

F2000004346

(Document number of corporation (if known)

EARTH ROBOTICS INC

(Name of corporation as it appears on the records of the Department of State)

, DELAWARE

incorporation?

09/21/2020

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II

(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of

5.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. 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 2140 NE 2ND AVE (Florida street address) , Florida____ MIAMI New Registered Office Address: (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

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/Capacity	Name		Address	Type of Action
DIR	EMACHA, AMIR	21-	40 NE 2ND AVE	
		MI 	IAMI, FL 33137	Remove
DIR	EMACHA. ISMAEL	21	40 NE 2ND AVE	Add
		м —	IAMI, FL 33137	CRemove
				Add
		_		
				Add
		_		CRemove
				🗖 Add
		_		Remove
 Attached is a of the applica under the law 	a certificate or document of ation to the Department of which it is incorpora	of similar import, eviden State, by the Secretary o led.	icing the amendment, authentic: f State or other official having cu	ated not more than 90 days prior to delivery stody of corporate records in the jurisdiction
		Decod	анала уу 7 177 лаб мако	
	(5)	signature of a director, p receiver or other court a	resident or other officer - if in the appointed fiduciary, by that fidu	ne hands of ciary)
	AMIR EMACHA			DIRECTOR
(Typed or printed name of person signing)			(Title	of person signing)

FILING FEE \$35.00