4/27/24, 10:22 AM

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47.

Division of Corporations



Florida Department of State



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To:

Division of Corporations

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Account Name

: HADAS ACCOUNTING AND TAX SERVICES

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: (305)222-2289

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COR AMND/RESTATE/CORRECT OR O/D RESIGN LAS FLORES DE LA CARRETA, CORP

Certificate of Status	0
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Page Count	06
Estimated Charge	\$35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LAS FLORES DE	LA CARRETA, CORP			
DOCUMENT NUM	BER: P03000004940				
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Blanca L Lacayo				
	Name of Contact Person				
	Hadas Accounting And Tax Services Inc				
		Firm/ Company			
	210 SW 107th Ave				
		Address			
	Miami, FL 33174				
		City/ State and Zip Cod	c		
	hadastaxeservices@gmail.co	m			
	E-mail address: (to be u	sed for future annual report	notification)		
For further informatio	n concerning this matter, plea	se call:			
Blanca L Lacayo		30.5 at (222-2289		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
≡ \$35 Filing Fec	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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			

Check if applicable

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

Articles of Amendment to Articles of Incorporation of

LAS FLORES	DE LA C	ARRETA	CORP

	of Corporation as currently	filed with the Florida Dept, of State)
P03000004940		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 60' is Articles of Incorporation:	7.1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new s	name of the corporation:	
		The леw
name must be distinguishable and contain "Inc.," or Co.," or the designation " "chartered," "professional association,	'Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address	, if applicable;	
Principal office address <u>MUST BE A.</u>	STREET ADDRESS	(5)
		1
Enter new mailing address, if app (Mailing address MAY BE A POST		
(Manning andress MAT BE AT VOI	OI FICE BOX	
		্ৰ
 If amending the registered agent a new registered agent and/or the ne 	nd/or registered office addre	ss in Florida, enter the name of the
	Kori Morveli Clower	
Name of New Registered Agent	_ 	
Name of New Registered Agent	8447 SW 40 ST	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	8447 SW 40 ST (Florida stree	ı address)
Name of New Registered Agent New Registered Office Address:	8447 SW 40 ST (Florida sirce	a address) Florida 33155

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:

A_Change	<u>P1</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) XXX Change	P	KORI MORVELI CLOWER	8447 SW 40 ST, MIAMI FL 33155
Add			- 1007044
Remove			
2) Change			
Add			
Remove Change		_	
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			<u></u>
6) Change		-	
Add			
Remove			<u> </u>

(Attach	additional she	ng additional A ets, if necessary,	rticles, enter ch). (Be specific	ange(s) here:)			
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04/26/2024 The date of each amendment(s) adoption:	16 - A. A. A.
ate this document was signed.	, if other than the
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, the ocument's effective date on the Department of State's records.	iis date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	r action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	alement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by 100	
(voting group)	
04/26/2024 Dated	
Signature	
(By a director, president or other officer - if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
Kori Morveli Clower	
(Typed or printed name of person signing)	
P	
(Title of person signing)	