4/18/24, 4:46 PM

Division of Corporations

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(((H24000142308 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAX ZONE INC. Account Number : 120190000044

Phone : (407)888-3131 Fax Number : (888)453-0509

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

Email Address: ACCOUNTAINT OUTAXZON-PCICO

COR AMND/RESTATE/CORRECT OR O/D RESIGN SOLACHE ENTERPRISES INC

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Tallahassec, FL 32314

TO: Amendment Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

ENTERPRISES INC	
are submitted for filing.	
his matter to the following:	
Name of Contact Perso	on .
Firm/ Company	
IR STE 4	
Address	
City/ State and Zip Co	de
XZONEFL.COM	
be used for future annual repor	notification)
, please call:	
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tus Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address
	dment Section
	on of Corporations Centre of Tallabassee
	Name of Contact Personal Firm/ Company TR STE 4 Address City/ State and Zip Contact Personal Persona

To:

Articles of Amendment to Articles of Incorporation of FILED 2024 APR 18 AMII: 59

SOLACHE ENTERPRISES INC	A CAE A CAE A
(Name of Corporation as curren	tly filed with the Florida Dept. of State) \ \ \(\lambda \cdot \cdot \lambda \cdot
P04000040097	The state of the s
(Document Kingha	of Corporation (if known)
	- ,
Pursuant to the provisions of section 607.1006, Florida Statutes, thi ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(
as Articles of incorporation.	
A. If amending name, enter the new name of the corporation:	
, -	
name must be distinguishable and contain the word "corporation,"	The new
'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional cornoration name must contain the second
3. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
. It amending the registered agent und/or registered office adu	lress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Riprida e	rees address)
	res mantasi
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature II abouting Designant Assess	
ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am fumiliar	ii with and accept the obligations of the position
	The second of the position.
Signature of New R	Registered Agent, if changing
heck if applicable	
CAN II APPREADIC	

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

From: Tax Zone

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:

X Change	<u>PT</u>	John Dog			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Titlc</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	GAEL SOLACHE	13971 SWAPS DR		
XAdd			JACKSONVILLE, FL 32250		
Кепюче			•		
2) Change	VP	JOSE SOLACHE	13971 SWAPS DR		
X Add			JACKSONVILLE, FL 32250		
Remove 3) Change		-			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
f) Change					
Add					
Remove					

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
	-
Ган nmendment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
() · · · · · · · · · · · · · · · · · · ·	
 	
	

To:					Page: 8 of 8
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2024-04-18 21:12:06 GMT

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From: Tax Zone

The date of each amendment(s) adoption:	ther than th
date this document was signed.	mer than th
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 document's effective date on the Department of State's records.	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 and shareholder action was not required.	older
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	
by (voting group)	
Duted 1001 18, 2054	
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)	
Rogello Solache.	
(Typed or printed name of person signing)	
(Title of person signing)	