P0400059948

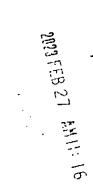
(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Dc	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



600403001586





RECEIVED

AHASSET FLUF

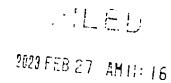
A. RAMSEY FEB 28 2023

CAPITAL CONNECTION, INC

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PUNTO SUR MANA	GMENT, INC.	
Please Debit 12000000	00257 For: 35	
Thank you Seth Neele	у	
Stal		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		X Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1.		Officer Search
1		Fictitious Search
Signature		Ficitious Owner Search
o.g		Vehicle Search
		Driving Record
Requested by: SETH	02/24/23	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
Hallic	Date Hill	UCC II Retrieval
Walk-In Dominion SA ADD	Will Pick Up	Courier

Articles of Amendment to Articles of Incorporation of



(Name of Corporation	on as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridatits Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
	The new
	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	
	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
No. Barbarat Araba (Chart and Tahanata Par	-toronial Annua
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	Istered Agent: I am familiar with and accept the obligations of the position.
Sign	ature 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 = Chiefe Executive Officer; CFO = Chiefe 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	РŢ	John Doc	
X Remove	<u>v</u>	Mike Jones	
	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	GUSTAVO BADOSA	255 Aragon Avenuc, 2nd Floor
X Add			Coral Gables, Fl 33134
Remove			
2) Change	D	REIXACH, EDUARDO	255 Aragon Avenue, 2nd Floor
Add			Coral Gables, Fl 33134
X Remove	D	PANELLA, ALFREDO	255 Aragon Avenue, 2nd Floor
Add			Coral Gables, Fl 33134
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amendi	ng or adding additional Ar	rticles, enter chang	<u>(e(s)</u> here:		
(Attach add	itional sheets, if necessary).	. (Be specific)			
		- -			
					
					
				<u></u>	
					
					
					
					
					
<u></u>					
. If an amend	ment provides for an exch	ange, reclassificat	inn or cancellatio	n of icewad shaws	
<u>provisions</u>	for implementing the ameropplicable, indicate N/A)	ndment if not cont	ained in the amen	dment itself:	
(9 1101)	ppricable, maicale N/A)				
					
					
			<u> </u>		
				· ·	
					

The date of each amendment(s) add	option:	, 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 blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	oted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the ame ficient for approval.	endment(s)
	oved by the shareholders through voting groups. The followin ach voting group entitled to vote separately on the amendmen	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	•	
· /	(voting group)	
	∮	
JANUARY . Dated	3 2023	
	M	
Signature/	14	
	ector president or other officer - if directors or officers have r	
	by ah incorporator - if in the hands of a receiver, trustee, or o d fideciary by that fiduciary)	ther court
арролиес	d inductary by manned chary)	
\ L	LUCIANO HERMAN, MO	
\ -	(Typed or printed name of person signing)	
``	, , , , , , , , , , , , , , , , , , , ,	
	, <u> </u>	
	(Title of person signing)	