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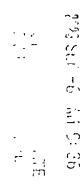
(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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COVER LETTER *

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION:	VARA Elect	Ric Corp.	
DOCUMENT NUMBE	CR:	P64600	RIC CORP.	_
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
		Rolando Name of Contact Perso	Vara	
_		Name of Contact Perso		
		Vara Ele	спие Сопр. suine Dir	
_	-	Firm/ Company		
_		6135 Lan	SHINE DIZ	
		Address		
		Tanpa 70	33634 le	
		City/ State and Zip Cod	e	
For further information of	E-mail address: (to be use concerning this matter, please Rolando Va Contact Person the following amount made	sed for future annual report se call:	·	903 SE - 6
	Kolando VA	$\frac{125}{12}$ at $(\frac{9}{2})^2$	3 927- 1	<u> 1938 -</u>
Name of	Contact Person	Area Co	de & Daytime Telephone N	√umber
Enclosed is a check for t	he following amount made	payable to the Florida Dep	artment of State:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<u></u>	. F.
Mailir	ıg Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

17	of				
	ILA EDOC				
(Name of Corporation			Dept. of State)		
	4000138				
(Docum	ent Number of Corp	ooration (if known)			
rsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this Florid	la Profit Corporati	on adopts the fo	ollowing ame	endment
If amending name, enter the new name of the co	rporation:				
			1/17	The	new
me must be distinguishable and contain the word "conne.," or Co.," or the designation "Corp," "Inc," hartered," "professional association," or the abbrev	or "Co". A proj	iny," or "incorpora fessional corporati	ted" or the abb	reviation "Co	orp.,"
Enter new principal office address, if applicable:			_		
rincipal office address <u>MUST BE A STREET ADD</u>	RESS)			-	_
	_	·	-/-		
Enter new mailing address, if applicable:			Nia		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>				
			7		
If amending the registered agent and/or registered		Florida, enter th	e name of the	;	283
new registered agent and/or the new registered of	ffice address:				4
Name of New Registered Agent				·	-
		\			Ġ,
	(Florida street add	dress)			::: •
New Registered Office Address:			, Florida	-	5
Hen Registered Office Hudress.	(City)		, 1 1011da	(Zip Code)	g ,
		Na		1 - 1	
		,			
w Registered Agent's Signature, if changing Regi	stered Agent:				
ereby accept the appointment as registered agent. I	am familiar with a	nd accept the oblig	ations of the po	sition.	
		`	\		
		red Agent, if chang			

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 = 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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_			
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	<u>)</u>	Hanrel Priero Garcia	4021 W Henry Ave
Add			Tanja 7c 33614
Remove		n 4	
2) Change	<u> 51</u>	Miriam L. Hernandez	6135 Cansthre DR
<u>√</u> Add			Janpa 7c 33634
Remove 3) Change			
Add			
Remove			
4) Change			0,
Add			= = = = = = = = = = = = = = = = = = =
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	,
/1/	
/n	
	
	::- -
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	13.
	m
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The date of each	amandm	ent(s) adoption:		Acres	j	2023		·
date this docume				(-0)037				ii other than tr
Effective date <u>if</u>	applicabl	<u>e</u> :		<u></u>				
		(no more than 9	0 days after ame	ndment	file date)		
Note: If the date document's effect	e inserted tive date o	in this block does not in the Department of St	meet the applicate's records.	cable statutory fi	ling red	quirements, this d	ate will not	be listed as the
Adoption of Am	endment(s) (<u>CHE</u>	CK ONE)					
☐ The amendme action was not		were adopted by the inc	corporators, or	board of director	s witho	ut shareholder acti	ion and sha	reholder
The amendme	nt(s) was/ olders was	were adopted by the sh /were sufficient for app	areholders. The	e number of vote	s cast f	or the amendment	(s)	
		were approved by the s						
		ided for each voting gr						
"The nu	mber of vo	otes cast for the amenda	ment(s) was/we	re sufficient for a	арргоуа	ıl		
by					•	11		
• <i>y</i>	- ·	(voting	g group)			•		
		Λ						_
	Dated		ST 20	72023			1 6	 ?n?3
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	Signature	(By a director, preside	ent or other office	cer - if directors	or offic	ers have not been		<u>၊</u> တ
		selected, by an incorp			iver, tr	ustee, or other cou	rt	<u> </u>
			R	olando	VAR	2/7		. 9: 2
		(T _y	ped or printed	name of person s	igning			<u>一</u> で、
				Treside	rt	-		
		(Ti	tle of person sig	gning)				