P05000020539

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2022 HAR -7 AM 9: 40 SECRETARY CASES FALE

Cf 3/14/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ODE & SONS CO.	RP	
DOCUMENT NUMI	P05000020539		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	FERNANDO ODE		
	ODE & SONS CORP	Name of Contact Persor	
		Firm/ Company	
	PO BOX 990205		
	NAPLES FL 34116	Address	
		City/ State and Zip Code	
	LASAMERICASTAXES@C	GMAIL.COM sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
FERNANDO ODE		at (825-6249
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303

Articles of Amendment

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Articles of Incorporation of

tion FILED

ODE & SONS CORP 2022 HAR - 7 AM 9: 41 (Name of Corporation as currently filed with the Florida Dept. of State) P05000020539 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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 _ (Florida street address) New Registered Office Address: ___ __. Florida_ (City) 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

Check if applicable

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

X Change	<u>PT</u> <u>Jol</u>	<u>m Doe</u>	
X Remove	<u> </u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Т	SEBASTIAN A ODE	PO BOX 990205
X Add			NAPLES FL 34116
Remove			··
2) Change	VP	SEBASTIAN E ODE	PO BOX 990205
X Add			NAPLES FL 34116
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		 	
Add			
Remove			
6) Change		**	
Add			
Remove			

	ARTICLE VII ADD OFFICERS , SEBASTIAN A ODE AS : TREASURER AND SEBASTIAN E ODE AS: VP					
ICE-PRESIDENT						
						
	·					
	-					

If an amendment provides for an exchange, reclassification, or cancellation of issued	shares.					
provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A)	<u>ur.</u>					
HARES SHOULD BE AS FOLLOWS: FERNANDO ODE, 10% SEBASTIAN A ODE, 45	5% SEBASTIAN E ODE 45%					
	· ·					

The date of each amendment(s) adoption: ___ , 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) If the amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) Dated 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) FERNANDO ODE (Typed or printed name of person signing) (Title of person signing)