## P05000117017

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S. ROBERTS

JUL 2 6 2023

## **COVER LETTER**

- Division of Corporations
NAME OF CORPORATION: If SENTERPRISES OF MIMS FLORISA, INC.  DOCUMENT NUMBER: POSOGO 117017
DOCUMENT NOMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  CENTRAL FLURINA PULL & PAY LLC  Firm/ Company
10694 COSMONAY + BLUD.  Address  ORLANDO, FL 32834  City/ State and Zip Code
City/ State and Zin Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
<u>LAZARO Δ147</u> at ( <u>321</u> ) <u>332 66 46</u> Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee Certified Copy Certified Copy Certified Copy (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

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

is enclosed)

## Articles of Amendment to Articles of Incorporation

of

755 ENTERPRISES OF M.  (Name of Corporation as curred)  POSOGO 117017  (Document Number	MS FLORINA, INC
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
905000 117017	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	ZP.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Matting data ess MAT DE ATOST OFFICE DVA)	<del></del>
	<u></u>
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addr	ess:
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ont:
Thereby accept the appointment as registered agent. I am famili	
Signature of Nev	v Registered Agent, if changing
Check if applicable  ☐ The amendment(s) is are being filed pursuant to s. 607.0120 (i	1) (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> John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	CEO	CHRISTOPHER SMITH	
Add			MIMS, FL 32754
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
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···	
<del> </del>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

	loption:	, if other than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was were ado action was not required.	pted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amend flicient for approval.	dment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendments	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 6/8	12023	
Signature / G	WV L	
(By a di	vetor, president or other officer - if directors or officers have no	
	by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	er court
white and the second	g	
	LAZARO M DIAZ	
	(Typed or printed name of person signing)	
	CFO	
	(Title of person signing)	