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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section

Division of Corporat	ions			
NAME OF CORPORAT	rion: The	54b 74955	Division 2	Corp
The enclosed Articles of A	Amendment and fee are sul	bmitted for filing.		
Please return all correspoi	ndence concerning this mat	tter to the following	ng:	
	T	eter -	TOROCSIK	
	The s	Name of Conta	IVISICA CO	γγρ
	234 R	utland	BIND	
_	West Pa	Address Im Bea	Sip Code +L, 3	3405
) yahoo . cor nal report notification)	
For further information co	oncerning this matter, pleas	e call:		
Peter	TORCCSIK	at (761, 305 Area Code & Daytime Tel	8646
Name of C	Contact Person		Area Code & Daytime Tel	ephone Number
Enclosed is a check for th	e following amount made p	payable to the Flo	rida Department of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	y Certificate of	Status
Amendi Division P.O. Bo	e Address ment Section of Corporations ox 6327 ssee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahas 2415 N. Monroe Street	ssec

Tallahassee, FL 32303

Articles of Amendment

to **Articles of Incorporation**

10	**_	
Articles of Inc	orporation	
of	y filed with the Florida Dept. of State)	1)
I DE JUB DIJ	ISICA COPP ZOZZZZZZZZZZZ	
(Name of Corporation as current)	y filed with the Florida Dept. of State) Af	1//:5
14- 19 49 5	552	
(Document Number of	f Corporation (if known)	
1	Elected Back Communication adopts the following amond	mant/c
rsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	rioriaa rrojii Corporation adopts the tollowing amendi	menus
If amending name, enter the new name of the corporation:		
N/A	_The n	lew
me must be distinguishable and contain the word "corporation," "c nc.," or Co.," or the designation "Corp," "Inc," or "Co". A hartered," "professional association," or the abbreviation "P.A."	I professional corporation name must contain the wo	o.," ord
Enter new principal office address, if applicable:	234 Rutland Blvd	_
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	West Palm Beach	
	FLorida, 33405	_
	+ Londa, 33 103	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	234 Rutland Blod	
	West Pain Beach	-
		-
	Florida, 33405	_
The second of th	and the manner of the	
If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
	_	
Name of New Registered Agent Petev T		
234 Ru+la-	nd BIJd	
(blorida etc	ant addrage)	
New Registered Office Address: West Palm Beach Florida 3340		
New Registered Office Address: VV C J / J V	(Circ) (Zin Code)	
	(City) (Zip Code)	
Date to the State of the Control Asset	_	
w Registered Agent's Signature, if changing Registered Agents ereby accept the appointment as registered agent. I am familiar v	: with and accept the obligations of the position.	
tee	_cef	
Signature of New R.	egistered Agent, if changing	
Signature of frew to	egioner en rigemi, y vonanging	

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Peter Torocsik	234 Rutland Blud
XAdd			West Palm Beach
Remove			Florida 33405
2) Change	P	Lola TORCUIK	234 Rutland Blod
Add			West Palm Beach
Remove 3) Change			Florda, 33405
Add			
Remove			
4) Change			
_, Add			
Remove		<u> </u>	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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an amendment provides for an exch	ange, reclassification	on, or cancellation of	ssued shares,	
provisions for implementing the ame	nament if not conta	med in the amendate	in usen.	
tit not annlicable indicate N/A)				
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				

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The date of each amendment(s) ado	io $\frac{10}{30}$ 2022	, if other than the
date this document was signed.	10/30/2022	
Effective date if applicable:	(no more than 90 days after amendment file da	nte)
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the a cient for approval.	amendment(s)
	ved by the shareholders through voting groups. The followch voting group entitled to vote separately on the amenda	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
.	10/30/2022	
Dated	10/30/2022	
Signature	ctor, president or other officer – if directors or officers have	va not boon
selected, I	etor, president or other officer – If directors or officers have by an incorporator – if in the hands of a receiver, trustee, of I fiduciary by that fiduciary)	
	Peter Turcosir	
	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	