## P10000039151

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HBAIZABAL COF	RPORATION ————————————————————————————————————			
DOCUMENT NUM	BER: P10000039151				
	of Amendment and fee are si	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	ABBY L. STEINBERG, ESC	Ç.			
	Name of Contact Person				
	ABBY L. STEINBERG, P.A.				
		Firm/ Company			
	10101 WEST SAMPLE ROAD				
	Address				
CORAL SPRINGS, FLORIDA 33065					
		City/ State and Zip Cod	e		
For further informatio	E-mail address: (to be used)	sed for future annual report	notification)		
ABBY I., STEINBERG		954 at (	871-8001		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r the 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

IBAIZABAL CORPORATION

(Name of Corporatio	on as currently filed with the Florida Dept. of State)
P10000039151	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new name of the con	rporation:
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp." "Inc," "chartered," "professional association," or the abbrev	The new rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent: 'am familiar with and accept the obligations of the position.
Signat	ture 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)

Example:

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>P1</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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MIREN NEKANE LARTITEGUI	16175 GOLF CLUB RD.
Add			APT. 207
X Remove			WESTON, FL 33326
2) X Change	PT	MIREN AMAIA SAHONERO	304 INDIAN TRACE #243
Add			WESTON, FL 33326
Remove 3 ) X Change	VS	AITOR LARTITEGUI	304 INDIAN TRACE #243
Add			WESTON, FL 33326
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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				<del></del>
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ige, reclassifica	ition, or cance	llation of issu	ed shares,	
ment it not cor	itained in the	amendment if	iself:	
		· <del>+</del>		
W 1				
<del>-</del>	·		<del></del>	<del></del>
	ge, reclassifica ment if not cor	ge, reclassification, or cance ment if not contained in the	ge, reclassification, or cancellation of issument if not contained in the amendment if	ige, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:

• ,

•	SEPTEMBER 13, 2022	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
r.nective date <u>ii applicable</u> .	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date wo	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action ar	nd shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) recient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
SEPTEMBI Dated Signature (By a di	Sector, president or officer – if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	AITOR LARTITEGUI	
-	(Typed or printed name of person signing)	
,	VS .	
_	(Title of person signing)	