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(Re	questor's Name)	<u></u>
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MARIEL A UBFA	AL, PA	<u> </u>	_		
DOCUMENT NUN	D10000050542					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	DIEGO ARONIS					
		Name of Contact Perso	on			
	HLW SERVICES LLC					
		Firm/ Company				
	4801 S UNIVERSITY DR S	ΓE 204				
		Address				
	DAVIE FL 33328					
	-	City/ State and Zip Coo	de		202	
	MIAMITAXSOLUCION@C	MAIL.COM			2023 MOY 27	₹3
	E-mail address: (to be us	sed for future annual repor	t notification)		2	Ç.
				70		, ,
For further informati	ion concerning this matter, pleas	se call:		. 1	PH I	the second second
DIEGO ARONIS		786	277 5684	1.74	=	
Namo	of Contact Person	 \	ode & Daytime Telephone l	Number	_	
Enclosed is a check (for the following amount made	payable to the Florida Dep	partment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ar Di P.G	ailing Address mendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amen Divisi The C	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite	810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

to

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P10000059543			
(Document Nun	nber of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpo</i>	ration adopts the followi	ng amendmen
A. If amending name, enter the new name of the corporation	on:		
MARIEL ARIANA UBFAL, PA			The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp." "Inc," or "Co "chartered," "professional association," or the abbreviation "	o". A professional corpo		ion "Corp.,"
3. Enter new principal office address, if applicable:	NIA	ි (1) මු ල ම න	2023 H
Principal office address <u>MUST BE A STREET ADDRESS</u>)		}- fñ 7*43	1
			77
Enter new mailing address, if applicable:	. 1	77 C.J 1 T.A 1 . J	
(Mailing address MAY BE A POST OFFICE BOX)	NIA	100	
		(f)	*
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent N 1/2		the name of the	_
/Et	rida street address)		_
, i	ida sireci daaress)		
New Registered Office Address: NA	(City)	, Florida (Zip	Code)
iew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam		diagnions of the position	
merco, accept the appointment as registered agent. Tum jum	anur wiin anu uccepi ine oi.	argunons of the position.	
Nla			_
Signature of N	New Registered Agent, if cha	unging	_
Theck if annlicable			

☑ 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>PT</u>	<u>John Do</u>	<u>c</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jos	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	NIA		NIA	N la
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	·	_		
Remove				

If 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)	E. If amending or adding additional. (Attach additional sheets, if necessar	y). (Be specific)
If 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)	alin	
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	. If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,
	provisions for implementing the a	imendment if not contained in the amendment itself:
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirer pepartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sha	reholder action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The following group entitled to vote separately on the amend	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
11/24/202 Dated	3	
Signature	المرادات	2000
select	director, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, need fiduciary by that fiduciary)	
	MARIEL ARIANA UBFAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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