Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : PRONTO TAX & ACCOUNTING SERVICES, INC

Account Number : I20090000095

Phone : (305)267-1092

Fax Number : (305)267-2819

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 1010 nactoral pronto tax-lom

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COR AMND/RESTATE/CORRECT OR O/D RESIGN IMPORTADORA LAS CAROLINAS INC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
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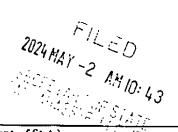
Electronic Filing Menu

Corporate Filing Menu

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Articles of Amendment to Articles of Incorporation of



IMPORTADORA LAS CAROLINAS INC.

| (Name of Corpor | | |
|--|--|---------------------------|
| | ration as currently filed with the Florida Dept. of State) | See fig. |
| P11000042131 | | |
| (Dos | cument Number of Corporation (if known) | |
| Pursuant to the provisions of section 607,1006, Floris Articles of Incorporation: | rida Statutes, this Florida Profit Corporation adopts the follow | ing amendment(s) |
| A. If amending name, enter the new name of the | e corporation: | |
| | | The new |
| iame must be distinguishable and contain the word 'Inc.," or Co.," or the designation "Corp," "In 'chartered," "professional association," or the ab | "corporation," "company," or "incorporated" or the abbrevial nc," or "Co". A professional corporation name must contobreviation "P.A." | ton "Curp.," ith the word |
| 3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u> | ble: DDRESS) | |
| | | - |
| | | |
| Enter new mailing uddress, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE) | BOX) | |
| | | |
| | | |
| | | |
| . If amending the registered agent and/or registered agent and/or the new registered | stered office address in Florida, enter the name of the | |
| new registered agent and/or the new registere | ed office address: | |
| Name of New Revisiered Agent | | _ |
| | | |
| | | _ |
| | (Florido struct address) | - |
| New Registered Office Address: | (Florido street address), Florida | |

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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>T'I</u> | John Doc | |
|-------------------------------|--------------|----------------|---------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| i) Change | VP | CHIZHOVA, OLGA | 7950 NW 53RD STREET |
| Add | | | SUITE 337 |
| X Remove | | | MIAMI, FL 33166 |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Ramove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| n Change | | | |
| Add | | | |
| Remove | | | |

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| (Attach addition | r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific) |
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| If an amendme | nt proyides for an exchange, reclassification, or cancellation of Issued shares, implementing the amendment if not contained in the amendment itself: |
| (if not app | icable, indicate N/A) |
| | - 100% SHARES |
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| | APRIL 10, 2024 | |
|---|---|---------------------------|
| The date of each amendment(s) a date this document was signed. | doption: | , if other than the |
| API Effective date if applicable: | RII_ 10, 2024 | |
| | (no more than 90 days after amendment file date) | · |
| Note: If the date inserted in this bedocument's effective date on the D | plock does not meet the applicable statutory filing requirements, this date epartment of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were add action was not required. | opted by the incorporators, or board of directors without shareholder action | and shareholder |
| The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval. | |
| ☐ The amendment(s) was/were approvided for | proved by the shareholders through voting groups. The following statement 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 | |
| by | | |
| | (voting group) | |
| APRIL 10, | 2024 | |
| Dated | | |
| Signature | Edin S. Mycondor | |
| (By a di sclecter | rector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) | |
| | EDDY MIRANDA | |
| , | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| • | (Title of person signing) | |

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