P12000019377

(Re	questor's Name)	
(Ad	dress)	
•	,	
		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	_	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Cartificates	of Status
Octaned Copies	_ Certificates	or Status
Special Instructions to	Filing Officer.	

Office Use Only



100439126571

11/05/24--01022--011 **35.00

2024 NOV -5 AH 11: 21

Some

DEC 1 7 2024 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COE	RPORATION: REDEMPTION A	CCOUNTING PROFESSION	ONAL INC		
	UMBER: P12000019377				
The enclosed Art	icles of Amendment and fee are s	ubmitted for filing.			
Please return all	correspondence concerning this m	atter to the following:			
	FRANTZ E MACHOULE				
		Name of Contact Person	n		
	REDEMPTION ACCOUNT	ING PROFESSIONAL INC	-		
		Firm/ Company			
	5251 GOLDEN GATE PKV	VY SUITE G			
	•	Address			
	NAPLES, FL 34116				
		City/ State and Zip Code	e		
	DRFRANTZ@REDEMPTI	ONACCOUNTINGPRO.CC	ЭМ		
	E-mail address: (to be a	ised for future annual report	notification)		
				20 1 1 1 1	7024 NOV
For further infort	nation concerning this matter, plea	ase call:		٢	NO
FRANTZ E MA	CHOULE	at (²³⁹		. ; 	-5
N	ame of Contact Person	Area Co	de & Daytime Telephone	Number	
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:	SIM	4H II: 2
S35 Filing F	ee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	7,1	
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite assee, FL 32303	810	

Articles of Amendment Articles of Incorporation

		orida Dept. of State)	
P12000019377			
(Document N	Number of Corporation (if k	nown)	
tursuant to the provisions of section 607.1006, Florida Statics Articles of Incorporation:	utes, this <i>Florida Profit Cor</i>	poration adopts the following	ng amendment(s)
a. If amending name, enter the new name of the corpor	ration:		
NA			The new
ame must be distinguishable and contain the word "corpor Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbreviatio	"Co". A professional con		on "Corp.,"
3. Enter new principal office address, if applicable:	NΛ		
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>ss</u>)		
	 		
Enter new mailing address, if applicable:			~
(Mailing address MAY BE A POST OFFICE BOX)	NA ————————————————————————————————————	(/, 	02
		i	5
			<u> </u>
		 .	<u> </u>
). If amending the registered agent and/or registered o	ffice address in Florida, er	ter the name of the	AH II: 2
new registered agent and/or the new registered office		A.F.	=
None of New Project and Least NA		100	21
Name of New Registered Agent		1:1	_
			_
(4	Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am		onlinations of the position	

Signature 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 PT John Doe X Remove V Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Address Name. (Check One) VP NICKES DESHOMMES 5115 MONZA COURT ___ Change AVE MARIA. FL 34142 Add Remove 2) ____ Change ___ Add _ Remove 3) ____ Change __ Add _ Remove 4) Change __ Add __ Remove 5) ____ Change ____ Add Remove 6) ____ Change __ Add _ Remove

. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
A	
-	
<u> </u>	
-	
If an amandment provides for an eyeh	annae reclassification or concellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adopti date this document was signed.	on:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file do	ite)
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shall	reholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the out for approval.	amendment(s)
	d by the shareholders through voting groups. The followoting group entitled to vote separately on the amenda	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
11/01/2024 Dated		
Signature	DUIL	
(By a director selected, by	r, presidenter other officer – if directors or officers ha an independent – if in the hands of a receiver, trustee, ductary by that fiduciary)	
FRA	NTZ ELIJAH MACHOULE	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	····

the

the