P13000099793

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Proventus Develop	oment Corp	
	IBER: P13000099793		
The enclosed <i>Article</i>	s of Amendment and fee are se	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Miguel Paz		
		Name of Contact Perso	n
	Proventurs Development Cor	TP .	
	-	Firm/ Company	
	7456 Sw 48th Street		
		Address	
	Miami, FL 33155		
		City/ State and Zip Cod	c
	mike@ambinter.net		
	E-mail address: (to be us	sed for future annual report	notification)
for further information	on concerning this matter, pleas	se call: at (354-4318
Name of Contact Person		Атеа Со	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
An Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810 Issee, FL 32303

Articles of Amendment to Articles of Incorporation of

Proventus	Development	Сого

(Name of Corporation as curr	rently filed with the Florid	da Dept. of State)	
P13000099793			
(Document Numb	per of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit Corpor</i> d	ation adopts the following amend	lment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>		
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	". A professional corpora	The n rated" or the abbreviation "Corp ution name must contain the we	• ••
B. Enter new principal office address, if applicable:		, ~2	
(Principal office address MUST BE A STREET ADDRESS)		72 722	 1
		2	<u> </u>
		A 2	-
C. Enter new mailing address if anythoght.		SC	m
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		mg Z	
· · · · · · · · · · · · · · · · · · ·	 		
		<u> </u>	_
		V	
). If amonding the registered agent and to a set a set of			_
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	<u>address in Florida, enter t</u> ress:	the name of the	
Name of New Registered Agent			
(Florid	a street address)	-	
New Registered Office Address:	(City)	Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag	ent:		
hereby accept the appointment as registered agent. I am famili	ar with and accept the obli	gations of the position.	
		<u> </u>	
Signature of Nev	w Registered Agent, if chan	ging	
Check if applicable			
\square The amendment(s) is/are being filed pursuant to s. 607.0120 (1	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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Miguel B Paz Sr.	3500 Torremolinos Avenue
xAdd			Doral, FL 33178
Remove			
2) Change	<u>S</u>	Doris Paz	3500 Torremolinos Avenue
X Add			Doral, FL 33178
Remove Change	_		
Add			2022 TĂĔ
Remove			
4) Change	_		27
Add			P. F. S.
Remove			9: 21 ORIB
5) Change		_	
Add			
Remove			
6) Change			
Add			_
Remove			

attach additional sheets, if necessary).	(Be specific)				
					
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an amendment provides for an exc	hange reclassification or cano	allation of igned charge	12	•	
rovisions for implementing the ame	endment if not contained in the	amendment itself			
(if not applicable, indicate N/A)		14,7011			
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The date of each amendment(s) adoption date this document was signed.	otion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this tment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder as	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes cast for the amendmention for approval.	nt(s)
"The number of votes cast for by	the amendment(s) was/were sufficient for approval (voting group) (voting group) (voting group) (voting group)	FILED 2 JUN 27 AM 9: 24 2 JUN 27 AM 9: 24
Mi	guel Paz.	
	(Typed or printed name of person signing)	<u> </u>
Pre	sident	
_	(Title of person signing)	

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