

10/22/24, 6:04 PM

P14 00009880

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H24000352845 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000352845 3))



H2400035284534800

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : MORISON TAX TEAM LLC
Account Number : 120200000187
Phone : (786)757-2436
Fax Number : (786)513-5977

2024 OCT 24 PM 12:35

RECEIVED

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
SIRACO CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H24000352845 3

COVER LETTER

H24000352845 3

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SIRACO CORP

DOCUMENT NUMBER: P14000009880

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS LEON
Name of Contact Person

SACONSA GROUP LLC
Firm/ Company

3625 NW 82 Avenue Suite 100-K
Address

DORAL, FL 33166
City/ State and Zip Code

JESUSLEONTERAN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2024 OCT 24 PM 12:35

For further information concerning this matter, please call:

JESUS LEON at (786) 7572436
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H24000352845 3

Articles of Amendment
to
Articles of Incorporation
of

H24000352845 3

SIRACO CORP

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

P14000009880

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable;
(Principal office address MUST BE A STREET ADDRESS)

3625 NW 82ND AVE

SUITE 318

DORAL, FL, 33166

C. Enter new mailing address, if applicable;
(Mailing address MAY BE A POST OFFICE BOX)

3625 NW 82ND AVE

SUITE 318

DORAL, FL, 33166

2024 OCT 24 PM 12:35

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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) (c), F.S.

H24000352845 3

H24000352845 3

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>MGR</u>	<u>Valero Calderon, Linda ANDREINA</u>	<u>7371 NW 54TH ST</u> <u>MIAMI, FL 33166</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DIR</u>	<u>ROMAN TORRES, GERARDO A</u>	<u>7371 NW 54TH ST</u> <u>MIAMI, FL 33166</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DIR</u>	<u>Flores Rojas, MARIA LORENA</u>	<u>7371 NW 54TH ST</u> <u>MIAMI, FL 33166</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>FLORES ROJAS, JESUS HEBER</u>	<u>7371 NW 54TH ST</u> <u>MIAMI, FL 33166</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>

2024 OCT 24 P 11:12:35

H24000352845 3

H24000352845 3

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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 MANUEL IGNACIO FLORES ROJAS
(voting group)"

Dated 10/21/2024

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MANUEL IGNACIO FLORES ROJAS

(Typed or printed name of person signing)

P

(Title of person signing)

2024 OCT 24 PM 12:35

SECRETARY OF STATE

H24000352845 3