P14 000 010 031

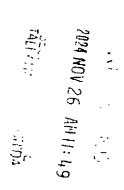
(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: MASTER SETTE	RS INC	
	14000010031		• · · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amer	idment and fee are su	bmitted for filing.	
Please return all correspondent	ce concerning this ma	tter to the following:	
DAVY	SON SOUTO		
-		Name of Contact Person	1
MAST	ER SETTERS INC		
		Firm/ Company	
3206 V	ERA AVE S		
		Address	
LEHIG	H ACRES, FL 33976	•	
		City/ State and Zip Cod	2
INFO@	ACCOUNTANTCA	PECORAL.COM	
E-r	nail address: (to be us	sed for future annual report	notification)
For further information concer	ning this matter, pleas	se call:	
DAVYSON SOUTO		239 at (201-5535
Name of Contact	ct Person		de & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:
_	43.75 Filing Fec & Tertificate 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)
Mailing Add Amendment Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Amend Division 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

(Name o	f Corporation as curren	tly filed with the Florid	a Dept. of State)	
P14000010031			,	
	(Document Number	of Corporation (if knows	n)	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corpora	ation adopts the following amendment(s	
. If amending name, enter the new na	me of the corporation:			
			The new	
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpora	rated" or the abbreviation "Corp.," ition name must contain the word	
. Enter new principal office address,	if applicable:	3206 VERA AVE	3206 VERA AVE S	
Principal office address MUST BE A STREET ADDRESS		LEHIGH ACRES.	FL 33976	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3206 VERA AVE S LEHIGH ACRES, FL 33976		
. If amending the registered agent an new registered agent and/or the new	d/or registered office advre	dress in Florida, enter t	he name of the	
Name of New Registered Agent	DAVYSON SOUTO			
	3206 VERA AVE S			
	(Florida s	ireei address)		
New Registered Office Address:	LEHIGH ACRES		. Florida	
New registered confect marress.		(City)	(Zip Code)	

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address g
1) X Change	<u>P</u>	DAVYSON SOUTO	3206 VERA AVE S
Add			LEHIGH ACRES, FL 33976
Remove			
2) Change	D	JOSE DANIEL ALPIZAR	2602 5TH ST SW
Add		· '	LEHIGH ACRES. FL 33976
X Remove Change	VP	LILIANE SOUTO	4109 18TH STREET SW
Add		<i>:</i> .	LEHIGH ACRES, FL 33976
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) REMOVE JOSE DANIEL ALPIZAR AS DIRECTOR
REMOVE LILIANE SOUTO AS VICE PRESIDENT
CHANGE REGISTER AGENT
CHANGE PRINCIPAL, MAILING, REGISTERED AGENT, AND DAVYSON SOUTO ADDRESS.
F. 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)

	NOVEMBER 22, 20	024	
The date of each amendment(s) date this document was signed.	adoption:		, if other than the
•	OVEMBER 22, 2024		
Effective date <u>if applicable</u> :			
	(no more than 90	days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the application of State's records.	able statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a action was not required.	dopted by the incorporators, or b	oard of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided f	oproved by the shareholders thro or each voting group entitled to v	ough voting groups. The following statement vote separately on the amendment(s):	u
"The number of votes ca	st for the amendment(s) was/wer	e sufficient for approval	
DAVYSON SOUTO			
by	(voting group)	<u> </u>	
DatedSignature	BER 22, 2024	-	
selec	director, president or other office ed, by an incorporator – if in the nted fiduciary by that fiduciary)	er – if directors or officers have not been hands of a receiver, trustee, or other court	
	DAVYSON SOUTO		
	(Typed or printed n	name of person signing)	
	PRESIDENT		
	(Title of person sign	ning)	