P14000036488

| (Requestor's Name) |
|---|
| (Address) |
| (Addiess) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (Bootiment Hamber) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPO | DRATION: Tribeca T&T Corp | oration | | | |
|-----------------------------------|---|--|--|------------|--|
| | IBER: P14000036488 | <u> </u> | | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | | |
| | Carlos Gauch | | | | |
| | | Name of Contact Person | n | | |
| | | Firm/ Company | | | |
| | 1331 Brickell Bay Drive #40 | 01 | | | |
| | | Address | | | |
| | Miami, FL 33131 | | | | |
| | | City/ State and Zip Cod | e | | |
| | carlos@gauch.com.br | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further informati | on concerning this matter, pleas | se call: | | | |
| Carlos Gauch | | _ at (305 | 5867922 | | |
| Name of Contact Person | | at (305) 5867922 Area Code & Daytime Telephone Number | | | |
| Enclosed is a check t | for the following amount made | payable to the Florida Dep | artment 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) | TALL ARASS | |
| Mailing Address Amendment Section | | Street Address Amendment Section | | SSEE. | |
| Di | vision of Corporations | Division of Corporations | | בי | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

TRIBECA T&T CORPORATION

| Transfer for control of the control | Q | | | | |
|---|---|------------------------------------|--|-----------------------|----------------------|
| (Name of Corp | oration as current | ly filed with the Flor | rida Dept. o <u>f State</u>) | ı | |
| P14000036488 | | | | | |
| 1) | Document Number o | of Corporation (if kno | wn) | <u> </u> | |
| Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation: | Florida Statutes, this | Florida Profit Corpo | oration adopts the fe | ollowing amend | lment(s) to |
| A. If amending name, enter the new name of | the cornoration: | | | | |
| A. It amending hand, enter the vew same of | The tripolations | | | | |
| name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the | "Inc." or "Co". | A professional corpo | porated" or the abb oration name must | reviation "Corp | new p., " oord |
| B. Enter new principal office address, if appl | | | | | _ |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | | N-/A | | _ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC | | | | | _ |
| (| | | W/A | | |
| D. If amending the registered agent and/or renew registered agent and/or the new regis | | | r the name of the | | _ |
| Name of New Registered Agent | | | | | |
| | | 11 / 6 | | | |
| | (Florida sti | reginadiress | | | 202 |
| New Registered Office Address: | | (City) | Florida | (Zip Gade) | <u>ج</u> آج |
| | | | | ETARY O | ₹ L |
| New Registered Agent's Signature, if changin I hereby accept the appointment as registered as | g Registered Agent gent. I am familiar | <u>l:</u> with and accept the o | bligations of the po | "TI | ₹ C |
| | | | | IAIE ORID <i>I</i> | 5 5 |
| | C | Sandar and 4 and 20 a | | | |
| | Signature of New R | Registered Agent, if ci | nanging | | |

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)

_ Remove

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 Remov | re, and Sally S | mith, SV as an Add. | |
|----------------------------|---------------------|---------------------|-------------------|
| Example: X Change | <u>PT</u> Jo | <u>hn Doe</u> | |
| X Remove | <u>v</u> <u>m</u> | ike Jones | |
| X Add | <u>sv</u> <u>sa</u> | ally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | Director | Gauch, Priscila F | 561 NE 191 Street |
| Add | | | Miami, FL 33179 |
| X Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | <u> </u> |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | SECRETARIAN |
| Remove | | | |
| 6) Change | | | SSEE A |
| Add | | | |
| Damana | | | 55 5 |

| If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) | | |
|---|--------------------|-------------|
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| 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) | | |
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| V ! | | 20, |
| | 3.5 | 2025 JAN -6 |
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| • • • | 12/31/2024 | | |
|---|----------------------------|--|----------------------------------|
| The date of each amendment(s) date this document was signed. | adoption: | | , if other than the |
| Effective date <u>if applicable</u> : | 2/31/2024 | | |
| | (no more | than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the | | e applicable statutory filing requirements, thi cords. | s date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE | <u>E</u>) | |
| ■ The amendment(s) was/were a action was not required. | dopted by the incorporate | ors, or board of directors without shareholder | action and shareholder |
| ☐ The amendment(s) was/were a by the shareholders was/were | | ers. The number of votes cast for the amendm | ent(s) |
| | | ders through voting groups. The following sta itled to vote separately on the amendment(s): | tement |
| | , , | was/were sufficient for approval | |
| by | (voting group) | ·" | |
| | (voting group) | | |
| 12/31/20 Dated | 24 | \longrightarrow | |
| Signature | | \mathcal{A} | |
| (By a selec | director, president or oth | ner officer – if directors or officers have not be if in the hands of a receiver, trustee, or other ductary) | |
| | CARLOS ROBERTO | GAUCH | |
| | (Typed or p | printed name of person signing) | |
| | President / Secretary | | |
| | (Title of per | erson signing) | |

FILED
2025 JAN -6 AM 8: 43
SECRETARY OF STATE
TATTORNAMENTS