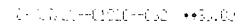
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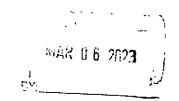
(Requestor's Name)		-
(Address)	<del></del>	-
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(City/State/Zip/Phone #)		-
PICK-UP WAIT	MAIL	
(Business Entity Name)		-
(Document Number)		-
Certified Copies Certificates of State	us	
Special Instructions to Filing Officer:		]
See 11 10 6 2023		
V.	J. HOR	ΝE
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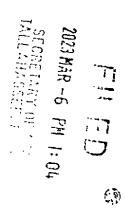
Office Use Only



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## COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: UIS a Cantins Kodrygus, 786, 4886197

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 & ☐S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Ar	mendment
to Articles of Inco	orporation FN G
Silivet Cork	poration, S. A. PH I: DI
	y filed with the Florida Dept. of State Pr no.
P14 0000	162613 TOMASSEE 12
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	771
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A "chartered," "professional association." or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	2655 North Bay Road
	1655 North Bay Rood MIAHI Beach FC 33140
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Jose L	urs Kodriguez
	4h Bay Road Miani Beach Fl 3.
(Florida stre	vet address)
<u>New Registe</u> red Office Address;	Cli.J.,
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar w	: with and accept the obligations of the position.
All	<b>5</b> ),
Signature of New Re	egistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 Doe, 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>	Name (1)	Address
1) Change	VP	Hector A. Maselli	1905 Brickell Ave
Add Remove			PH6B MIGHI, Fl. 33131
2) Change			<u></u>
Add			Planting and the second
Remove 3 ) Change			
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change		<u></u>	
Add			
Remove			

Attach additional sheets,	additional Articles, , if necessary). (Be	e specific)	<del></del>			
						<del></del>
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141						
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<u>f an amendment provi</u>	des for an exchange	e, reclassifica	tion, or cancella	tion of issued sl	hares,	
provisions for implement	enting the amendm	ent if not con	tained in the an	<u>iendment itself:</u>	-	
(if not applicable, in	idicate N/A)					
			<del> </del>	<del></del>		· ·
						<del></del>

The date of each amendment(s) adoption: $\frac{2}{24}/\frac{3023}{2023}$ if other than date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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
(voting group)
Dated
(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)
Jose Luis Lodriquez
(Typed or printed name of person signing)
- President
(Title of person signing)

the

the