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# Florida Department of State

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Division of Corporations

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From:

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### COR AMND/RESTATE/CORRECT OR O/D RESIGN CUROTZSOUTH, CO.

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#### COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CUROTZSOUTH, CO. DOCUMENT NUMBER: P15000001895 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mirtha Almanzar Name of Contact Person Valezar & Associates Inc. Firm/ Company 12485 SW 137th Ave Ste 206 Address Miami, FL 33186 City/ State and Zip Code admin@valczar.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786 ) 370-0312

Area Code & Daytime Telephone Number Lawrence South Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & ☐\$43.75 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 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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#### Articles of Amendment to Articles of Incorporation

CUROTZSOUTH, CO.				
(Name o	of Corporation as currently	filed with the Florid	da Dept. of State)	
	(Document Number of	Corporation (if know		
Pursuant to the provisions of section 607. its Articles of Incorporation;	1006. Florida Statutes, this A	Florida Profit Corpor	ation adopts the followi	ng amendment(s
A. If amending name, enter the new na	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co". A	ompany," or "incorpe professional corpore	orated" or the abbreviat ation name must conta	ion "Corp.,"
B. Enter new principal office address.	if applicable:	N/A		
Principal office address MUST BE A S	TREET ADDRESS )		<u>.</u>	20
			<u> </u>	
Enter new mailing address, if appli (Mailing address MAY BE A POST (	cable;	N/A		N N
Maning united MAT HEA FUST	OFFICE BOX		•	***
			1	: :
). If amending the registered agent an	d/or registered office addre	ss in Florida, enter i	the name of the	2
new registered agent and/or the new	v registered office address:			
Name of New Registered Agent	N/A			<del></del>
•	(Florida stree	rt addrexs)		<b></b>
New Revistered Office Address:	N/A		, Florida	
	(0	(Ciŋ·)		Code)
ew Registered Agent's Signature, if ch hereby accept the appointment as registe		th and accept the obli	gations of the position.	
· 	Cington of No. Dec			<del>.</del>
	Signature of New Reg	ustered Agent, if chan	iging	
heck if applicable				
The amendment(s) is/are being filed pu	rsuant to s. 607.0120 (11) (c	), F.S.		

Example:

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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 Sully Smith, SV as an Add.

X Change	PT Joh	n Doc	
X Remove	Y Mil	ke Jones	
_X Add	<u>SV</u> <u>Spl</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	South, Lawrence	11517 SW 64th St.
XAdd			Unit F
Remove			Miami, FL 33173
2) Change	P	Curotz, Kevin	12514 SW 117TH CT
Add			MIAMI, FL 33186
X Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
•
· · · · · · · · · · · · · · · · · · ·
<del></del>
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)  N/A

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The date of each amendment(s	adoption: N/A	, if other than the
date this document was signed.		
Effective date if applicable: N		
	(no more than 90 days after amendment file date)	<del> </del>
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without sharehole	der action and shareholder
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes east for the amen sufficient for approval.	idment(s)
must be separately provided)	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(	statement (8):
"The number of votes ea	st for the amendment(s) was/were sufficient for approval	
by N/A	<u> </u>	
	(voting group)	
October : Dated	22nd, 2025	
Signature	Lule l'Tan.	
selec	director, president or other officer – if directors or officers have no ted, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	
	Sultan Parbtani	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	