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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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N/C Amend

08/21/24--01014--012 **35.00



A. RAMSEY AUG 27 2024

COVER LETTER

1. Carlo

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: CE TRES CHIC				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ins Ngongo - Wilson Name of Contact Person				
CC 1RES CMC				
470 LARK COURT				
H70 LARK COURT Address Address City/ State and Zip Code				
City/ State and Zip Code				
Nadege @ Solvia mode. Com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ins Ngongo - Wilson at 407, 569-9446 Name of Contact Person Area Code & Daytime Telephone Number				
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				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

FILEL	
2024 AUG 21 PM 12	In

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

50000 77 523
(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: SOLVIAMODE I	, C
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P., B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1.	1952 P.O. BOX DAVENPORT, Fl 33836
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addr Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
Signature of Nev	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	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>N'ame</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exc	hange, reclassificatio	n, or cancellation o	f issued shares.	
provisions for implementing the am	endment if not contai	ned in the amendn	ient itself:	
(if not applicable, indicate N/A)				

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	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this bl document's effective date on the Dep		ling requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of director	s without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of vote ficient for approval.	es cast for the amendment(s)
	oved by the shareholders through voting grou each voting group entitled to vote separately of	
"The number of votes east t	or the amendment(s) was/were sufficient for	approval
by		"
,	(voting group)	
•		l'
Dated	-12-24	
	<i>د</i>	
selected	ector, president or other officer – if directors by an incorporator – if in the hands of a rece d fiduciary by that fiduciary)	river, trustee, or other court
-	Ins Ngongo - W	IISOH
	(Typed or printed name of person s	signing)
	CEO	
_	(Title of person signing)	