Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : VORAUS S&O LLC Account Number : 120220000166 Phone : (321)732-2022

Fax Number

: (407)577-3447

\*\*Enter the email address for this business entity to be used for future> annual report mailings. Enter only one email address please.\*\*

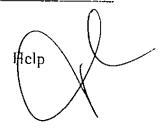
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN FOUR CORNERS CAPITAL GROUP INC

Certificate of Status	0
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TO: Amendment Section

Tallahassec, FL 32314

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

## COVER LETTER

Division of Corp	orations			
NAME OF CORPO	RATION: FOUR CORNERS	CAPITAL GROUP IN	С	
DOCUMENT NUM	D14000040530			•
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		-
Please return all corre	spondence concerning this ma	atter to the following:		
	VIDAL SAIJA, FIONA R			
		Name of Contact Per	rson	
		Firm/ Company		
	14566 MANDOLIN DRIVE			
	ORLANDO, FL 32837	Address		NHAS
City/ State and Zip Code				
	Voraussyo@gmail.com			-n=
	E-mail address: (to be us	sed for future annual rep	ort notification)	
For further informatio	n concerning this matter, pleas	se call:		
Elsy C Olivar Villega	ıs .	at (321	7322022 Code & Daytime Telephone Nu	
Name (	of Contact Person	Area	Code & Daytime Telephone Nu	mber
Enclosed is a check fo	r the following amount made	payable to the Florida D	epartment of State:	
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Ame Divi	et Address Endment Section Sion of Corporations Centre of Tallahassee	

## Articles of Amendment to Articles of Incorporation of

COLID	CODMEDIC	CABITAL	ODOLIN HA	

POUR CORNERS CAPITAL GROUP I	INC				
	of Corporation as currentl	y filed with the Florida Dep	t. of State)	<del>- ,</del> -	
P16000040559					
	(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation a	dopts the followin	g amendi	ment(s) to
A. If amending name, enter the new n	ame of the corporation:				
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,	Corp." "Inc." or "Co". A	company, "or "incorporated" professional corporation r	or the abbreviation	"Corn	ew  rd
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: STREET ADDRESS )		<del></del>		-
C. Enter new mailing address, if appl (Mailing address MAY BE.A POST	licable: OFFICE BOX)		TALLAHAS	2024 NOV 15	
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office addr w registered office address:	ess in Florida, enter the na	me of the	M 11: 09	O
Name of New Registered Agent	VIDAL SAIJA, FIONA R	•		09	
	14566'MANDOLIN DRIV	E	<del></del>	-	
	(Florida sire	et address)		•	
New Registered Office Address:	ORLANDO		. Florida 32837		
		City)		ode)	•
New Registered Agent's Signature, If c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar w	ith and accept the obligation	s of the position.		
<u>id</u>	<u> </u>	gistered Agent, if changing	·		
	Signature of New Re	gistered Agent, if changing			
Check if applicable  ☐ The amendment(s) is/are being filed p	ursuant 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)

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u> John	<u>Qoc</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Director	BELAUNDE, ARTURO	14566 MANDOLIN'DR
Add X Remove			ORLANDO, FL 32837
2) Change			S
Add Remove 3 ) Change	<del></del>		
Add Remove 4) Change			
Add Remove 5) Change Add			
Remove			
Add Remove			-

Page: 5 of 6

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
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		F.F.	AM II: 09	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	£	•	
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:			
(y syymatore, mateure way)				
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To:	•	Page: 6 of 6
•		

2024-11-15 17:20:09 GMT

14075773447

From: ELSY OLIVAR

11/14/2	024	
The date of each amendment(s) adoption: date this document was signed.		if other than the
Effective date if applicable:		
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State	cet the applicable statutory filing requirements, this date will not	t be listed as the
Adoption of Amendment(s) (CHECK	(ONE)	
☐ The amendment(s) was/were adopted by the incoraction was not required.	porators, or board of directors without shareholder action and sha	reholder
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	holders. The number of votes cast for the amendment(s) val.	
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group	choiders through voting groups. The following statement pentitled to vote separately on the amendment(s):	
"The number of votes east for the amendment	ut(s) was/were sufficient for annioval	~2
	=	2024 NOV 15
by(voting gr	oup)	Q (1)
11/14/2024 Dated	TALLAHASSE	5 1
Signature	E.S. FIA	AH O
(By a director, president of selected, by an incorporal appointed fiduciary by the	or other officer - if directors or officers have not been tor - if in the hands of a receiver, trustee, or other court at fiduciary)	9
VIDAL SAIJA, F	fiona r	
(Турес	d or printed name of person signing)	<del></del>
President		
(Title o	of person signing)	<u>_</u>