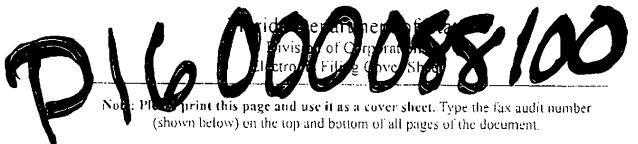
6/28/24, 4:24 PM

To:

Division of Corporations



(((H24000223657.3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Fram:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)230-3338 Fax Number : (514)573-3996

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

Email Address:___

COR AMND/RESTATE/CORRECT OR O/D RESIGN ZOILA DEL HOYO AGUADO, CORP.

Certificate of Status	()
Certified Copy	1
Page Count	0.5
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation

of

ZOILA DEL HOYO AGUADO, C	Same of Corporation as	currently	filed with t	he Florida Der	ot, of State)	,*		
P1@00088100	"			1	;	•	•	
	(Document N	lumber of 0	Corporation	(if known)			_	
Pursuant to the provisions of sectio its Articles of Incorporation:	n 607.1006, Florida Statu	ites, this F	lorida Profi	it Corporation s	idopts the fo	ollowing	amendn	nent(s) to
A. If amending name, enter the	new name of the corpora	ation <u>:</u>						
		_					The ne	
name must be distinguishable and c "Inc.," or Co.," or the designati "chartered," "professional associa	ion "Corp," "Inc," or	"Co". A	mpany," or professiona	"incorporated d corporation :	" or the abb name_must	reviatior contain	i "Corp., the woi	rd
Charlesta, progeniment annoch	, or one many resulting					,	20	
B. Enter new principal office add	dress, if applicable:						22	
(Principal office address MUST B	<u>E A STREET ADDRES:</u>	<u>3</u>)						
						-	22	
						· ·	ထ	
C. Enter new mailing address, it	f applicable:						1	
(Mailing address MAY BE A I	POST OFFICE BOX)					()	<u> </u>	
						117	<u></u> _	
				<u>.</u>				
		cc 11						
 If amending the registered ag new registered agent and/or t 			ss in Floric	ia, enter the ni	ime of the			
new registered agent and/or c	are activities and a series							
Name of New Registered 2	Agent	<u>.</u>						
		Florida stree	v address)					
N D 1 100 11					. Florida			
New Registered Office Add	dress:		City)		rtorida	(Zip C	ode)	•
							ŕ	
New Registered Agent's Signatur	ro if changing Registers	ed Agent						
I hereby accept the appointment as	registered agent. Tam j	familiar wi	th and acce	pt the obligation	ns of the po	sition.		
	Signature (of New Reg	gistered Ago	ent, if changing				
Check if applicable								
☐ The amendment(s) is/are being	filed pursuant to s. 607.0	120 (11) (c	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>PI John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	2 Jones	
X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	<u>Title</u> Operations	<u>Name</u>	Address
1) Change	Manager	Jamie Briceno	1605 SW 8th St. PMB 5132
x Add			Miami. F L 33130
Remove	Operations Manager	Orlando San Miguel	1605 SW 8th St. PMB 5132
2) Change Add			Miami, F L 33130
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove 5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
- -	
······	
<u> </u>	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	sidiacid it age contained in the amendment asett.
	

	6/17/2024	
The date of each an date this document w	mendment(s) adoption:was signed.	, if other than the
Effective date if app	plicable;	
	(no more than 90 days after amendment file date)	
	nserted in this block does not meet the applicable statutory filing requirements, this date we date on the Department of State's records.	rill not be listed as the
Adoption of Amend	dment(s) (CHECK ONE)	
The amendment(s action was not rec	s) was/were adopted by the incorporators, or board of directors without shareholder action a quired.	nd shareholder
	s) was/were adopted by the shareholders. The number of votes east for the amendment(s) lers was/were sufficient for approval.	
	s) was/were approved by the shareholders through voting groups. The following statement ely provided for each voting group entitled to vote separately on the amendment(s):	
"The number	per of votes cast for the amendment(s) was/were sufficient for approval	
by	<u></u> ,···	
	(voting group)	
Dated	July 30th, 2024	
Signature		
(By	y the chairman or vice chairman of the board, president or other officer-if directors ave not been selected by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
	Eduardo Mendoza	
	(Typed or printed name of person signing)	
	SD	
	(Title of person signing)	