

PI7000022709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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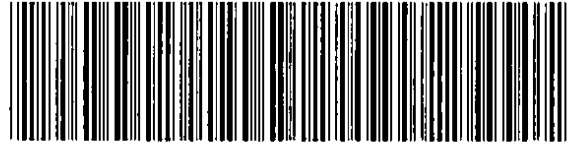
(Business Entity Name)

(Document Number)

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2023 AUG 24 AM 10:31
DATE

IRA R. SHAPIRO, P.A.

ATTORNEYS AND COUNSELORS AT LAW
BAYLEE EXECUTIVE CENTER - SUITE 225
16375 NORTHEAST 18TH AVENUE
NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO
BAYLEE L. SHENBAUM

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BROWARD: (954) 763-5801
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EMAIL: office@irarshapiro.com

August 23, 2023

VIA FEDEX 773140258080

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: MARSES, CORP.
Articles of Amendment
Our File No.: 4863.2

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Incorporation for MARSES, CORP., a Florida corporation. Also enclosed is my check in the amount of \$35.00 for the filing fee.

Sincerely,


IRA R. SHAPIRO

IRS/sma
Encl.
sRE rodriguez.4863.2 8823.1

2023 AUG 24 AM 10:51
STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MARSES. CORP

DOCUMENT NUMBER: P17000022709

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRA R. SHAPIRO

Name of Contact Person

IRA R. SHAPIRO, P.A.

Firm/ Company

16375 NE 18th Avenue, Suite 225

Address

North Miami Beach, FL 33162

City/ State and Zip Code

javier.jimena@ar.spiraxsarco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRA R. SHAPIRO

Name of Contact Person

at (305) 944-3936

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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE

Articles of Amendment
to
Articles of Incorporation
of

MARSES, CORP

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

P17000022709

(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:

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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 Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PDS</u>	<u>Gabriela Rodriguez Diaz</u>	<u>393 SW 159th Lane</u>
<input type="checkbox"/> Add			<u>Pembroke Pines, FL 33027</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VPD</u>	<u>Sebastian Batista Rodriguez</u>	<u>393 SW 159th Lane</u>
<input type="checkbox"/> Add			<u>Pembroke Pines, FL 33027</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Stefania Batista</u>	<u>393 SW 159th Lane</u>
<input type="checkbox"/> Add			<u>Pembroke Pines, FL 33027</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>V, S</u>	<u>Javier M. Jimena</u>	<u>393 SW 159th Lane</u>
<input checked="" type="checkbox"/> Add			<u>Pembroke Pines, FL 33027</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>P</u>	<u>Martin Fernando Lamaison</u>	<u>393 SW 159th Lane</u>
<input checked="" type="checkbox"/> Add			<u>Pembroke Pines, FL 33027</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

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DATE

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 August 18, 2023

Signature Gabriela Rodriguez Diaz
(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)

Gabriela Rodriguez Diaz

(Typed or printed name of person signing)

President

(Title of person signing)

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STATE
FL