## P17000024003

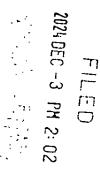
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: LETS TALK MIA	MI CORPORATION				
DOCUMENT NUM	HBER: P17000024003	· <u>- · · · · · · · · · · · · · · · · · ·</u>				
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all cor	respondence concerning this ma	tter to the following:				
	YAN VALDES					
	Name of Contact Person					
	VALDES CPA & ADVISORS PA					
	Firm/ Company					
	1200 BRICKELL AVE SUITE 500					
	<u> </u>	Address				
	MIAMI FL 33131					
		City/ State and Zip Cod	e			
	YVALDES@VALDESCPA	СОМ				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informat	ion concerning this matter. plea					
Nam	e of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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				

## Articles of Amendment to Articles of Incorporation of

FILED 2024 DEC -3 PM 2: 02

LETS TALK MIAMI CORPORATION

(Name of Corporation	tion as currently filed with the Florida Dept. of State)
P17000024003	the second secon
	iment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s)
a. If amending name, enter the new name of the co	corporation:
	Thenew
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc," 'chartered," "professional association," or the abbre	corporation." "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word reviation "P.A."
B. Enter new principal office address, if applicable	le:
Principal office address <u>MUST BE A STREET ADL</u>	ODRESS )
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>	ered office address in Florida, enter the name of the doffice address:
- Name by the meganitating -	
<del></del>	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
iew Registered Agent's Signature, if changing Reg	egistered Agent:
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Signe	nature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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>	John Do	<u>2</u>	
X Remove	<u>V</u>	Mike Jor	nes	
<u>X</u> Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	JAIRO G CACERES UMANA	15273 SW 91ST
Add		_		MIAMI, FL 33196
A Remove  2) Change	D	_	JANET CRUZ MALESPIN	10234 SW 139TH PL
X Add				MIAMI FL 33186
Remove 3 ) Change		_		
Add				
Remove 4) Change		_		
AddRemove				
5) Change		_		
Add				
Remove 6) Change		_		
Add				
Remove				

	idding additional Ar l sheets, if necessary).	(Be specific)				
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<u>an amendmen</u>	it provides for an ex	<u>change, reclassi</u>	ification <u>, or canc</u>	<u>llation of issued s</u>	hares,	
	implementing the an	<u>iendment if not</u>	contained in the	amendment itself	! <u>:</u>	
rovisions for i	icable, indicate N/A)					
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	t(s) adoption:	, if other than the
date this document was signed	. 11-07-2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder	r action and shareholder
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendrere sufficient for approval.	nent(s)
☐ The amendment(s) was/we must be separately provide	re approved by the sharcholders through voting groups. The following st ed for each voting group entitled to vote separately on the amendment(s):	atement
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	-2024	
Dated Signature	LIII.	
I) s	By a director, president or other officer – if directors or officers have not lefected, by an incorporator – if in the hands of a receiver, trustee, or other ppointed fiduciary by that fiduciary)	peen r court
	FAREEZ T MOHAMMED	
	(Typed or printed name of person signing)	
	PRESIDENT	_
	(Title of person signing)	<del></del>