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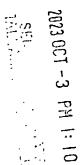
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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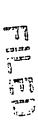




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COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: RENE F GUTIER	REZ PA	
	TUMBER: P17000038620		
	ticles of Amendment and fee are su	ubmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	BIBIANA M ESPINOSA		
		Name of Contact Person	1
	ESPYS ACCOUNTING SEI	RVICES INC	
		Firm/ Company	
	6591 RIVERVIEW AVE		
		Address	
	MIDDLETOWN OH 45042		
		City/ State and Zip Cod	
	IOUNIES BINOS A QUOTM		
	JOHNESPINOSA@HOTMA	ised for future annual report	
For further inform	nation concerning this matter, plea	ase call:at (²³⁹) 241-0764
N	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing F	ce □S43.75 Filing Fee & Certificate of Status	S43.75 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 Tallahassec, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

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(<u>Name o</u>	of Corporation as currently	filed with the Florida Dept. of St	tate)	
P17000038620				
	(Document Number of	Corporation (if known)		-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts t	he following ame	ndment(s)
A. If amending name, enter the new na	ime of the corporation:			
	_		711	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co". A		abbreviation "Co	
B. Enter new principal office address,		6518 Hex Cir, Naples, Florida 34	1109	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (6518 Ilex Cir, Naples, Florida 34	001	
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of	the To	-anset J
Name of New Registered Agent				
	(Florida stree	nt addrass)		
	6518 Hex Cir, Naples	es titutivess)	34109	
New Registered Office Address:		, Flori City)	(Zin Code)	
	,,	~~/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		ith and accept the obligations of th	e position.	
	Signature of Moor De	gistered Agent, if changing		
	oignature of New Re	уменен мусть, у спапуту		
Check if applicable ☐ The amendment(s) is/are being filed pr	ursuant to s. 607.0120 (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)

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: X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change		_	<u> </u>	
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change	·	<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
	ays after amendment file date)
Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or boa action was not required.	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vo.	
"The number of votes east for the amendment(s) was/were	sufficient for approval
by	<u>.</u> .
Dated 9/30/2023	
Signature (By a director, president or other officer selected, by an incorporator – if in the happointed fiduciary by that fiduciary) Neve f. Co	hds of a receiver, trustee, or other court
(Typed or printed nat	me of person signing)
President	
(Title of person signi	ng)