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J3/19/2023

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _ SOFIO Main Events Inc.
DOCUMENT NUMBER: P170 000 41/097
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edward Navarro  Name of Contact Person  SOFIO Main Events Inc.  Firm/ Company
Firm/ Company  16854 NW 89 G  Address
Micimi LOKOS FL 33018 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edward Navarro . at ( 750 ) 554-7819  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



SOFLO MAIN EVENTS INC

2023 JAN 17 PM 1: 02

(Name of Corporation as currently	y filed with the Florida Dept. of State)	
	TALLT Suc. 7L	
(Document Number of	f Corporation (if known)	
resuant to the provisions of section 607.1006, Florida Statutes, this Astricles of Incorporation:	Florida Profit Corporation adopts the following amendmen	
. If amending name, enter the new name of the corporation:		
Soflo Main Event Product	ions Inc. The new	
ime must be distinguishable and contain the word "corporation," "c lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"	
Enter new principal office address, if applicable:	7875 W. 2nd Ct.	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Bay #2	
	Highegh, FL 33014	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16854 NW 89th Ct.	
	Migmi Laxes, FL 33018	
. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
Name of New Registered Agent N		
<u></u>		
	eet address)	
(Florida stre	•••	
New Registered Office Address: New Registered Office Address	(City) (Zip Code)	

Check if applicable

☐ 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)

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

Example: X Change	<u>PT</u> <u>John D</u>	Oe'	
_			
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	<u>C00</u>	Teresita Navarro	16854 NW 89 C+
Add			Liami Lakes, FL 33018
Remove			
2) 🗸 Change	President	Edward Navarn	16854 NW89Ct
Add	title 10(80		Miani Lakes, FC 33011
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
_	
_	
_	- <del></del>
—	
F.	If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	уна аррасане, насае въл
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.

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirement epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the am afficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
DatedSignature	1/11/2023 -/m	
(By a d selecte	irector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or cted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President/CED (Title of person signing)	