Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000264712 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

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (614)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 ELMA CANUDO, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

;

Articles of Amendment to Articles of Incorporation of 2024 AUG-6 PM 12 56

ELMACANUDO,INC.	STAR LASSEE FLOOR
(Name of Corporati	ion as currently filed with the Florida Dept of State)
P17000089996	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	progration:
	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable;	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
iew Registered Agent's Signature, if changing Reg	
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Siona	ature of New Registered Agent if changing

Check if applicable

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

To:

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 officeridirector 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 D	<u>0e</u>	
X Remove	\underline{V}	Mike Jo	ones	
<u>X</u> Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				 ,
Remove				
2) Change	Direct	or	Hector I. Covarrubias	1605SW8thSt.PMB5132
x . Add				Miami,FL33130
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

To:	,	Page: 5 of 6
ΙŲ.	•	Page; 5 of 6

From: David Thomas

(Attach a	dditional sheet.	s, if necessary).	icles, enter chang (Be specific)	<u></u>			
						-	
							
		-,· ,					
						-	
		***************************************				<u></u>	
 							
			· -	 			
	 -			<u> </u>			
		<u>-</u> _					
		-		· · · · · · · · · · · · · · · · · · ·			
						 	
							
F Ifaname	endment neov	ides for an eych	ango reciaccifico	tion or cancellat	ion of icenad char		
provisio	ns for implem	enting the ame	ndment if not con	tion, or cancellat tained in the ame	endment itself:	<u></u>	
(if n	ot applicable,	indicate N/A)					
_			· · · · · · · · · · · · · · · · · · ·				
	-				_		
						_	

To:			Page: 6 of 6

2024-08-06 15:03:34 CST

12122023573

From: David Thomas

7/30/2024 The date of each amendment(s) adoption:	
date this document was signed.	_, if other than the
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 a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated July 30th, 2024	
Signature	
(By the chairman or vice-chairman of the board, president or other officer-if directors have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Eduardo Mendoza	
(Typed or printed name of person signing)	
SD	

(Title of person signing)