## P17000092380

	(Requestor's Name)			
(Address)				
(Address)				
	(Address)			
<del>_</del> .	(City/State/Zip/Phone #)			
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PICK-UP	WAIT MAIL			
	(Business Entity Name)			
	(Dusiness Littly Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
<del></del>				
Special Instructions to	Filing Officer:			
	715			
	J. HORNE			
	J. HORNE MAY - 9 2023			
	lates.			
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Office Use Only



2023 HAY -- 8 - AM 10: 18

## **CT CORP**

## (850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

05/08/2023

Date:

	Acc#I20160000072	W. C. V
Name:	El Vengador Intergalactico, Inc.	
Document #:		
Order #:	14920795 - 1	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:	
Filing: 🚺	Certified:	Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 43.75	

Thank you!

	Articles of Ar			11VI 033	<b>2</b> 023
	Articles of Inc	orporation			<b>3</b> Th
El Vengador Intergalactico, Inc.	of			SS 4/1	8
(Name	of Corporation as currently	filed with the Florida De	ent of State)		
P17000092386		JAN JAN BOOK OF	in of State)		
	(Document Number of	Corporation (if known)			<u>o</u> <u>U</u>
Pursuant to the provisions of section 607 its Articles of Incorporation:			adopts the follo	owing am	ယ endment(s) to
A. If amending name, enter the new r	name of the corporation;				
N/A					
name must be distinguishable and contai "Inc.," or Co.," or the designation "( "chartered," "professional association,	or the abbreviation "P.A."	professional corporation	or the abbreve name must co	The viation "C ontain the	new forp., " word
B. Enter new principal office address. (Principal office address MUST BE A S	. if applicable: STREET ADDRESS )	N/A			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	licable: OFFICE BOX	N/A			<del></del>
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office addre w registered office address:	ss in Florida, enter the na	me of the		
Name of New Registered Agent	N/A				
				<del>-</del>	
	(Florida stree	( oddress)			
Van Barine Leve					
New Registered Office Address:		`iŋy	Florida	<u></u>	
	70	107	7.	Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar wit	h and accept the obligation	ns of the positio	on.	
<del></del> -	Signature of New Rev	istered Agent, if changing			

(3)

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>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	Finance <u>Manage</u>		David Ramos Betancourt	1065 SW 8th St; PMB 5132
X Add				Miami, Florida 33130
Remove				
2) Change		<del></del>		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_ <del></del>		
Add				
Remove				
6) Change		_ <b>_</b>		
Add			<del></del>	
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/A	
<u> </u>	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
in the state of th	idment if not contained in the amendment itself:
(ij noi applicable, indicale N/A)	· · · · · · · · · · · · · · · · · · ·
1	

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
ū		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this badocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder acti	on and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(	(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s);	enl
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
appoint	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other countriduciary by that fiduciary)  Eduardo Mendoza	<del></del> -
-	(Typed or printed name of person signing)	<u></u>
	Vice President	
-	(Title of person signing)	<del></del>

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