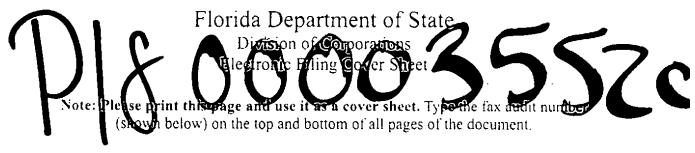
Division of Corporations



(((H240003970073)))



H240003970073ABC%

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 : AIREN CONSULTING Account Number : I20240000131 Phone : (305)316-1857 Fax Number : (305)503-9619

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 DISNARDA C. ACOSTA P.A.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: DISNARDA C AC | COSTA PA | | | |
|---|---|--|--|--|--|
| DOCUMENT NUM | P18000035520 | | | | |
| The enclosed Articles | of Amendment and fee are su | ibmitted for filing. | | | |
| Please return all corre | spondence concerning this ma | itter to the following: | | | |
| | TITA CECILLA ACOSTA | | | | |
| | Name of Contact Person | | | | |
| | Firm/ Company | | | | |
| | 11710 TAFT ST | | | | |
| | | Address | <u></u> | | |
| | PEMBROKE PINES, FL 330 | | | | |
| | | City/ State and Zip Cod | c | | |
| | titaacosta@yahoo.com | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further informatio | n concerning this matter, pleas | se call: | | | |
| TITA CECILLA ACC | OSTA | 786- at (| 326-8419 | | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | r the following amount made | payable to the Florida Depa | urtment 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) | | |
| Malling Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 | | Amend Divisio The Co 2415 N | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303 | | |

DISNARDA C ACOSTA PA

Articles of Amendment to Articles of Incorporation of

| (Name | of Corporation as currently | filed with the Florida Dept. of State) | |
|---|---------------------------------|--|-----------------------|
| P18000035520 | | | |
| | (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this I | Florida Profit Corporation adopts the follo | owing amendment(s) to |
| A. If amending name, enter the new n | ame of the corporation: | | |
| TITA CECILLA ACOSTA PA | | | The new |
| | Torp," "Inc," or "Co". A | ompany," or "incorporated" or the abbre professional corporation name must co | |
| B. Enter new principal office address, | | | |
| (Principal office address <u>MUST BE A S</u> | TREET ADDRESS) | | |
| | | ······································ | ပ |
| | | | |
| C. Enter new mailing address, if appl | icable: | | فِ ا |
| (Muiling address MAY BE A POST | | | |
| | | | in the Control |
| | | | |
| | | | |
| D. If amending the registered agent ar | id/or registered office addr | ess in Florida, enter the name of the | |
| new registered agent and/or the ne- | w registered office address: | | |
| Name of New Registered Agent | 11710 TAFT ST | | |
| | | | |
| | (Florida sire | at addraws | |
| | PEMBROKE PINES | 330 | 126 |
| New Registered Office Address: | | , Florida | |
| | (| (City) | (Zip Code) |
| | | | |
| Nan Banistarul Apanth Signatura if a | hanaina Dagistarad Agants | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | | uth and accept the obligations of the posti | ion. |
| | | | |
| | Desnordo (| l Gacista | |
| | Signature of New Ro | egistered Agent, if changing | _ |
| | | | |

Check if applicable

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

Example:

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.

| X Change | <u>PT</u> | <u>John D</u> | <u>oe</u> | |
|----------------------------|--------------|---------------|---------------------|--------------------------|
| X Remove | <u>Y</u> | Mike Jo | oneş | |
| X Add | <u>\$V</u> | Sally S | <u>mith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) X Change | PT | | TITA CECILLA ACOSTA | 11710 TAFT ST |
| Add | | | | PEMBROKE PINES, FL 33026 |
| Remove | | | | |
| 2) Change | | | , | |
| Add | | | | |
| Remove 3) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary) (Be specific) |
|---|
| CHANGE NAME OF CORP |
| Clurer Chaige Name. |
| |
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| 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) |
| |
| |
| |
| |
| |
| |
| |

| 12/01/2024 | |
|--|-------------------------|
| The date of each amendment(s) adoption: | , if other than the |
| date this document was signed. | |
| 12/01/2024 | |
| Effective date if applicable: (no more than 90 days after amendment file date) | |
| tho more than 90 days after amenament fite dates | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records. | Il 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 an action was not required. | d shareholder |
| ■ 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 cast for the amendment(s) was/were sufficient for approval | |
| | |
| by | |
| by TITA CECILLA ACOSTA (voting group) | |
| 12/02/2024 | |
| Dated | |
| Signature Describe a Close To | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | _ |
| Tira Reciun Acosta. | |
| (Typed or printed name of person signing) | |
| ρ | |
| (Title of person signing) | |
| | |