_____
(Requestor's Name)

_____
(Address)

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(Address)

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(City/State/Zip/Phone #)
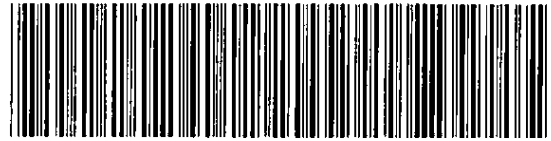
☐ PICK-UP ☐ WAIT ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

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TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** Tara Viva, Inc.

**DOCUMENT NUMBER:** P18000037418

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Silvia Moukhtara Nemer

_____
Name of Contact Person

Tara Viva, Inc.

_____
Firm/ Company

7717 NW 20th Lane

_____
Address

Gainesville, FL 32605

_____
City/ State and Zip Code

Silvia@Moukhtara.com

_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silvia Moukhtara Nemer                     at ( 352 ) 870-8772
_____                      _____
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 | ☐$43.75 Filing Fee & Certificate of Status | ☐$43.75 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
Tallahassee, FL 32314

**Street Address**
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# Articles of Amendment
## to
## Articles of Incorporation
## of

Tara Viva, Inc.

**(Name of Corporation as currently filed with the Florida Dept. of State)**

P18000037418

**(Document Number of Corporation (if known)**

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendme its Articles of Incorporation:

### A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**
*(Principal office address MUST BE A STREET ADDRESS )*

3911 NW 26th Ter

Gainesville, FL 32605

**C. Enter new mailing address, if applicable:**
*(Mailing address MAY BE A POST OFFICE BOX)*

3911 NW 26th Ter

Gainesville, FL 32605

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* _____

3911 NW 26th Ter

*(Florida street address)*

*New Registered Office Address:* Gainesville_____, Florida 32605_____

*(City)* *(Zip Code)*

### New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

_____

*Signature of New Registered Agent, if changing*

**Check if applicable**

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

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = Executive Officer; CFO – Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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. 7 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

| X Change | PT | John Doe |
|---|---|---|
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ___ Change ___ Add ___ 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)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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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)*

_____

_____

_____

_____

_____

_____

_____

**The date of each amendment(s) adoption:** _____ . if other tl
date this document was signed.

**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 not be listed
document's effective date on the Department of State's records.

**Adoption of Amendment(s)**          **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder
   action was not required.

☐ 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 _____ ."
                        *(voting group)*

Dated_____ 08/24/2024_____

X Signature _____

(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)

Sayed Moukhtara

_____
(Typed or printed name of person signing)

President

_____
(Title of person signing)