## P19000049036

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## COVER LETTER.

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: INDIGO PACIFIC	CORP		
DOCUMENT NUM	1BER:			
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	EDUARDO DIAZ			
Name of Contact Person				
INDIGO PACIFIC CORP				
	Firm/ Company			
	15276 SW 178 TERRACE			
Address				(0
	MIAMI, FL 33187			40
	City/ State and Zip Code			
	rogumax@bellsouth.net			AHA AHA
	E-mail address: (to be u	sed for future annual report	notification)	88.0
				開始
For further informati	on concerning this matter, plea	se call:		FAT
SADAM ABAS		at ( <sup>305</sup>	4954124	ľΉ
Namo	of Contact Person	Arca Co	de & Daytime Telephone Number	
Enclosed is a check i	for the following amount made	payable to the Florida Depa	artment of State:	
\$35 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)	
An Div P.C	niling Address mendment Section vision of Corporations D. Box 6327 llahassec, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

2023 MAR 23 PM I2: 44

## Articles of Amendment to Articles of Incorporation of

to

INDIGO PACIFIC CORP				
(Name	of Corporation as curre	ntly filed with the Florida Dept	. of State)	
P18000049036				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation ac	lopts the following amendme	ent(s)
A. If amending name, enter the new n	ame of the corporation:			
N/A			The nev	AV.
name must be distinguishable and contain "Inc.," or Co.," or the designation "( "chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation no	or the abbreviation "Corp.,"	••
B. Enter new principal office address, if applicable:		N/A		
(Principal office address MUST BE A S			S	ري
			<u> </u>	<u>123</u>
			E	MAR
C. Enter new mailing address, if appl	icable:	N/A	<b>E</b> 2.7	23
(Mailing address <u>MAY BE A POST</u>		19/A		יטר סר
			m H	2 <del>X</del> 3
			FA	<u>-</u>
			Lij.	ŧ.
D. If amending the registered agent as new registered agent and/or the ne			ne of the	
	N/A	<del>_</del>		
Name of New Registered Agent			<del> </del>	
	(Florida	street address)		
	N/A	sireer addressy		
New Registered Office Address:	<del></del>	(City)	, Florida (Zip Code)	
		(6.13)	(214 0022)	
New Registered Agent's Signature, if o				
I hereby accept the appointment as regis	tered agent. I am familia	r with and accept the obligation:	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, 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	EDUARDO DIAZ	16801 SW 83RD AVENUE
Add			PALMETTO BAY 33157 S
X Remove			
2) Change	P	SADAM ABAS	15276 SW 178 TERRACE主法 っと
X Add			MIAMI, FL 33187 (C)
Remove 3) Change	<u>T</u>	SADAM ABAS	MIAMI, FL 33187 CC C T T T T T T T T T T T T T T T T T
Add			
X Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A		_	
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	EF S.	PM 12: 44	
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)	TALLAHAUSEE, FL	4	
N/A			
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The date of each amendment(s) a date this document was signed.	loption:	, if othe	r than	the
Effective date if applicable:			_	
	(no more than 90 days after amendment file date)			
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	ll not be lis	ited as	the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and	d sharchold	er	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.			
	proved by the shareholders through voting groups. The following statement 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)	SECI	2023 MAR	
JANUARY	10th 2023		¥	•
Dated	——————————————————————————————————————	TAK) OF ST	R 23	7-2
	China / 1	AS 🗢		<u>;</u>
Signature 🔀	( OVER ) T	^ 유	PH 12: 44	
	rector, president or other officer - if directors or officers have not been	THI S	2	1
	f, by an incorporator – if in the hands of a receiver, trustee, or other court	ΞĀ	_	-
арроп	ed fiduciary by that fiduciary)	. H	_	
	EDUARDO DIAZ			
	(Typed or printed name of person signing)			
	PRESIDENT			

(Title of person signing)