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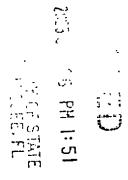
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R. HUNT 07/26/23

COVER LETTER

TO: Amendment Section

Division of Corporations

Potonia la Figura Doc
NAME OF CORPORATION: 1010 CCC 5700
DOCUMENT NUMBER: PG CODO 106
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dayon Valera Name of Contact Person Potanica La Firm/ Company A
4500 Buckinghan Koad
For Myers 7 33905 City/ State and Zip Code
E-mail address: (to be used for future annual report potification) (a)
For further information concerning this matter, please call:
Helissa Palacios at 239 877-7229 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 8 To Tallahassee, FL 32303

Articles of Amendment

to

Articles	of	Incor	noration
WI HIFT	vı	THEAT	701 41101

Polanica la	France An			
Name of Corporation as	currently filed with the Florid	In Dent of State)		
N M	A 05700	S State		
PACO (Bassasi N	() () () () () () () () () () () () () (2./		
(Document in	lumber of Corporation (if know	н,		
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this <i>Florida Profit Corpord</i>	ation adopts the follow	ing amendi	ment(s) to
A. If amending name, enter the new name of the corpora	ation:			
			The n	iew
name must be distinguishable and contain the word "corpora" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	"Co". A professional corpora	rated" or the abbrevia ution name must cont	tion "Corp)., "
B. Enter new principal office address, if applicable:	<u> </u>			_
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u></u>		رِّيْ 	_
			·	:
	 		<u> [5</u>	<u> -</u>
C. Enter new mailing address, if applicable:			ر د	* * * *
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		1111	- ≚ - 	Turi
				_
		' ਜ਼ੋਂ		_
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		the name of the		
Name of New Registered Agent				
(F	lorida street address)			
New Registered Office Address:	773 to 3	, Florida	- C - L - L	_
	(City)	(21)	p Code)	
New Registered Agent's Signature, if changing Registered				
I hereby accept the appointment as registered agent. I am fo	umiliar with and accept the obli	igations of the position		
Signature	of New Registered Agent, if char	naina	 -	
•	g tren heginered agent, y chur	'&'''&		
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.01	20 (11) (e), 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)

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	PT John	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>		
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	0
1) Change Add Remove	PILO	Layon Val	esa 4500 FortMy	Bickingham us, FC 3390
2) Change				
Add			• • • • • • • • • • • • • • • • • • • •	
Remove Change				975 775 - 423
Add				;
Remove				With the Coll
4) Change				PH III
Add				FA :-
Remove				
5) Change				
Add				
Remove				
6) Change				<u></u>
Add			<u></u>	
Remove				

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)				
				
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an amendment provides for an exchange, reclassification, or cancell	lation of issued sha	ires		
provisions for implementing the amendment if not contained in the a	mendment itself:			
(if not applicable, indicate N/A)				
	<u> </u>			

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The date of each amendment((s) adoption:	7/20	12023		, if other than the
date this document was signed.		1/20/1			,
Effective date if applicable:	(no mor	e than 90 days diter an	nendment file date)		
Note: If the date inserted in the document's effective date on the	nis block does not meet the Department of State's re	ne applicable statutory ecords.	filing requirements,	this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ON	Œ)			
The amendment(s) was/were action was not required.	adopted by the incorpora	tors, or board of directo	ors without sharehold	er action and sh	areholder
☐ The amendment(s) was/were by the shareholders was/were		ers. The number of vo	tes cast for the amend	lment(s)	
☐ The amendment(s) was/were must be separately provided					
"The number of votes of	east for the amendment(s)	was/were sufficient for	· approval		
by			••	n.	•
•	(voting group))	 ,		
Dated	DOCUSIONED BY	123		26 PH	ا ا ت ق ا
(By	a director, president or ot	her officer - if directors	or officers have not	pteup Ci	Carrier Contract Cont
	ected, by an incorporator - ointed fiduciary by that fi		eiver, trustee, or othe	r couri —	
чрр	Daya	on Va	Sera	-	
	(1yped or	printed name of person	signing)		
		Kres			
	(Title of po	rson signing)			

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