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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:IMEZA, CORE) 	
DOCUMENT NUMBER	A1069000014		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	MIRIAN J MEZA		
_		Name of Contact Person	n
		Firm/ Company	
	9674 NW 10TH AVE L	OT E552	
-		Address	
	MIAMI FL 33150		
	•	City/ State and Zip Cod	e
М	RIAN_MEZA1970@YAI	loo.com	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
MIRIAN I MEZA		at (786	970-0257 de & Daytime Telephone Number
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		·	Address Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	s currently filed with the F	lorida Dept. of State)
(Document)	Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Cor	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:	
		The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviatio	"Co", 4 professional cor	orporated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		ter the name of the
Name of New Registered Agent		
	Florida street address)	
N. D 100		ra - ta-
New Registered Office Address:	(City)	, Florida rZip Coder
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am		obligations of the position.
		Changing Changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	P		MIRIAN J MEZA	9674 NW 10TH AVE LOT E552
Add				MIAMI , FL 33150
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6)Change		_		2024 NOV - 1
Add				- 2
Remove				
				SOFT S
				5. FAI E. FL

Attach additional sheets, if necessary). (Be specific)	
	
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)	
	·
	200
	C 2022
	2024 FOR FOR STANDARD OF STAND
	2024 FL CENT OF STATE

	1()(24/2()24	
	adoption:	, if other than the
date this document was signed.		
	10/24/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this locument's effective date on the	block does not meet the applicable statutory filing requirements, this date will n Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and sh	nareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendments):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
h	0	
by	(voting group)	
10/24/20. Dated	2.4 M N	
selec	director president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MIRIAN J MEZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

SEARL BLIVER STATE

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