Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000229488 3)))



To:	Division of Corporations Fax Number : (850)617-6380		GI	Ve V	originalistor
	(223,427, 432		4		xe:
From:	Account Name : VIVIAN R. RIVEIRO Account Number : I20240000029 Phone : (305)779-1079	, P.A.	<u>ئ</u>	DO	(1)
	Fax Number : (305)779-1077				
En	nail Address:			<del>-</del>	2024
	COR AMND/RESTATE/CORREC				2024 JUN 25
<del>-</del> -	COR AMND/RESTATE/CORREC	VENTURE,		7 fg	•
	COR AMND/RESTATE/CORRECT MICHAEL CABANAS LAND  Certificate of Status	VENTURE,		-	•
	COR AMND/RESTATE/CORREC	VENTURE,		-	•
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Corporate Filing Menu

Help

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## 2024 JUN 25 AM 11: 16

## **COVER LETTER**

TO: Amendment Section of Corp	rion prations			
NAME OF CORPO	MICHAEL CABAN	NAS LAND VENTURE,	INC.	
	P19000079444	, , , , , , , , , , , , , , , , , , , ,		
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are sub	mitted for filing.		
Picase return all corre	spondence concerning this mat	ter to the following:		
	VICTOR CABANAS			
		Name of Contact Perso	on.	
	MICHAEL CABANAS LAN	D VENTURE, INC.		
		Firm/ Company		
	8030 NW 159 TER			
		Address		
	MIAMI LAKES FL 33016			
		City/ State and Zip Co	de	
	VICTORCABANAS@AOL	СОМ		.•
	E-mail address: (to be us	ed for future annual repor	t notification)	÷
For further information	on concerning this matter, pieas	e call:		
VICTOR CABANA	\$	at ( <u>305</u>	992-5339	
Namo	of Contact Person	Area C	ode & Daytime Telephone Number	
Enclosed is a check f	for the following amount made	payable to the Florida De	partment of State:	711
S35 Filing Fee	S43.75 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)	
	alling Address		t Address	
	nendment Section vision of Corporations		ndment Section ion of Corporations	
	O. Box 6327	The	Centre of Tallahassee	
	ilahassee, FL 32314	2415	N. Monroe Street, Suite 810	

Tallahassec, FL 32303

## Articles of Amendment to Articles of Incorporation of

(14aute o	f Corporation as currently filed with the F	lorida Dept. of State)
19000079444		
	(Document Number of Corporation (if k	nown)
nisuant to the provisions of section 607.  Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Con	rporation adopts the following amendment
. If amending name, enter the new na	ame of the corporation:	
		The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	the word "corporation," "company," or "inc lorp," "Inc." or "Co". A professional co or the abbreviation "P.A."	orporated" or the abbreviation "Corp.," poration name must contain the word
. Enter new principal office address. Principal office address MUST BE A S	if applicable: TREET ADDRESS )	
. Enter new mailing address, if appli	icable:	
(Mailing address MAY BE A POST	OFFICE BOX	
,		
	<del></del>	
		20/21
) If amending the registered agent 21	nd/or registered office address in Florida, e	nter the name of the
If amending the registered agent an new registered agent aud/or the new registered agent agent aud/or the new registered agent agent aud/or the new registered agent ag	nd/or registered office address in Florida, e w registered office address:	nter the name of the
new registered agent aud/or the ne	nd/or registered office address in Florida, e w registered office address: VICTOR CABANAS	nter the name of the
. If amending the registered agent an new registered agent aud/or the new Name of New Registered Agent	y registered office address:	· ·
new registered agent aud/or the ne	w registered office address: VICTOR CABANAS	· ·
Name of New Registered Agent	victor Cabanas  8030 NW 159 TERRACE	22016 TD
new registered agent aud/or the ne	w registered office address: VICTOR CABANAS  8030 NW 159 TERRACE  (Florida street address)  MIAMI LAKES	· ·
new registered agent aud/or the new Name of New Registered Agent	victor cabanas  8030 NW 159 TERRACE  (Florida street address)	22016 TD
new registered agent aud/or the new Name of New Registered Agent	w registered office address: VICTOR CABANAS  8030 NW 159 TERRACE  (Florida street address)  MIAMI LAKES	22016 TD
new registered agent aud/or the new Name of New Registered Agent  New Registered Office Address:	VICTOR CABANAS  8030 NW 159 TERRACE  (Florida street address)  MIAMI LAKES  (City)	22016 TD
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	VICTOR CABANAS  8030 NW 159 TERRACE  (Florida street address)  MIAMI LAKES  (City)	Florida 33016 (T) O
Now Registered Agent's Signature, if 6	VICTOR CABANAS  8030 NW 159 TERRACE  (Florida street address)  MIAMI LAKES  (City)	Florida 33016 (T) O
Name of New Registered Agent  New Registered Office Address:	W registered office address:  VICTOR CABANAS  8030 NW 159 TERRACE  (Florida street address)  MIAMI LAKES  (City)  Changing Registered Agent: tered agent. I am familiar with and accept the	Florida 33016 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Name of New Registered Agent  New Registered Office Address:	VICTOR CABANAS  8030 NW 159 TERRACE  (Florida street address)  MIAMI LAKES  (City)	Florida 33016 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

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 Doc, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	RA	ANDREA CABANAS	8030 NW 159 TERRACE
1) Change			MIAMI LAKES FL 33016
Add X			
Remove 2) Change	DIR	MICHAEL CABANAS	8030 NW 159 TERRACE
Add	<u></u> .		MIAMI LAKES FL 33016
X Remove	MGR	GABRIELA CABANAS	8030 NW 159 TERRACE
3) Change Add			MIAMI LAKES FL 33016
X Remove			2
4) Change	P	VICTOR CABANAS	8030 NW 159 TERRAGE
X Add		-	MIAMI LAKES FL 33016
Remove			;> <b>U</b>
5) Change	VP	IVETTE CABANAS	8030 NW 159 TERRACE
X Add			MIAMI LAKES FL 33016
Remove			
6) Change			
Add			
Remove			

amending or adding additional Article trach additional sheets, if necessary). (	Be specific)						
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an amendment provides for an excha	nge, reclassificat	tion, or can	ellation of	issued shar	es,		
provisions for implementing the ameno (if not applicable, indicate N/A)	dment if not con	tained in th	<u>e amendme</u>	ent itsett:			
(ij not applicable, malcule (iin)							~
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	6/20/24		if other	r than the
The date of each amendment(s) add date this document was signed.	tion:		, ii outer	man mç
6/20/7				
Effective date <u>if applicable</u> :	(no more than 90 days	after amendment file date)		•
Note: If the date inserted in this blo document's effective date on the Dep	c does not meet the applicable timent of State's records.	statutory filing requirements, this date	will not be list	ted as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopt action was not required.	d by the incorporators, or board	of directors without shareholder action	and shareholde	er
☐ The amendment(s) was/were adop by the shareholders was/were suf	d by the shareholders. The num	ber of votes cast for the amendment(s)		
must he separately provided for e	ch voting group entitled to vote s		t	
"The number of votes cast i	the amendment(s) was/were sui	fficient for approval		
by	(voting group)	."		
	(voing group)			
6/20/24				
Dated	DecuSigned by:	_		
Signature	Victor Cabanas			
(By a di selected	ctor, president of other officer – by an incorporator – if in the han fiduciary by that fiduciary)	if directors or officers have not been ds of a receiver, trustee, or other court		
	ICTOR CABANAS			
	(Typed or printed name	of person signing)		
	RESIDENT			
	(Title of person signing	(1)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_
	, , ,		2024 JUN 2	<b>''</b> ''
			Z4 JUN 25	#####################################
			₹, <b>3</b>	24-35-3
			- A	m