

P19 000087603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

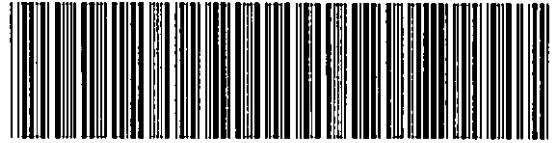
(Business Entity Name)

(Document Number)

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07/20/22--01:30--015 \$9.00

2022 JUL 25 PM 8:36

9/10/23/2022

Articles of Amendment  
to  
Articles of Incorporation  
of

REPATCA, INC

2022 JUL 25 PM 8:36

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

P19000087603

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to 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**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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.

|     |                                            |                          |                          |                            |
|-----|--------------------------------------------|--------------------------|--------------------------|----------------------------|
| 1)  | <input type="checkbox"/> Change            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|     | <input type="checkbox"/> Add               |                          |                          |                            |
|     | <input checked="" type="checkbox"/> Remove |                          |                          |                            |
| 2)  | <input type="checkbox"/> Change            | VP                       | ROSA E MORALES           | 1210 SHADY REST LN UNIT 10 |
|     | <input type="checkbox"/> Add               |                          |                          | NAPLES, FL 34103           |
|     | <input type="checkbox"/> Remove            |                          |                          |                            |
| 3 ) | <input type="checkbox"/> Change            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|     | <input type="checkbox"/> Add               |                          |                          |                            |
|     | <input type="checkbox"/> Remove            |                          |                          |                            |
| 4)  | <input type="checkbox"/> Change            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|     | <input type="checkbox"/> Add               |                          |                          |                            |
|     | <input type="checkbox"/> Remove            |                          |                          |                            |
| 5)  | <input type="checkbox"/> Change            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|     | <input type="checkbox"/> Add               |                          |                          |                            |
|     | <input type="checkbox"/> Remove            |                          |                          |                            |
| 6)  | <input type="checkbox"/> Change            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|     | <input type="checkbox"/> Add               |                          |                          |                            |
|     | <input type="checkbox"/> Remove            |                          |                          |                            |

(Attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the 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 as the 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 7/21/22

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)

ROSA E ORALES

\_\_\_\_\_  
(Typed or printed name of person signing)

VP

\_\_\_\_\_  
(Title of person signing)