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.

(((H24000280338 3)))



H240002803383ABQ/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | | | |
|-----------|------------------|--|----|
| | Division of Co | rporations | |
| | Fax Number | : (850)617-6380 | |
| From: | | | |
| | Account Name | : CUBATAX & TRAVEL INC | : |
| | Account Number | : I20180000100 | |
| | Phone | : (813)493-0199 | |
| | Fax Number | (813)354-2432 | |
| | | | ١ |
| *Enter ti | ne email addres: | for this business entity to be used for future | |
| аллџ | al report maili | ngs. Enter only one email address please.** | .; |
| | l Address: | | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN NORTH AMERICA INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

COVER LETTER

| Division of Corpo | prations | | |
|--------------------------|---|--|---|
| NAME OF CORPOR | ATION: NORTH AMERI | CA INC | |
| DOCUMENT NUMB | | | |
| The enclosed Articles of | of Amendment and fee are s | ubmitted for filing. | |
| Please return all corres | pondence concerning this m | atter to the following: | |
| | KETYS RAMIREZ | | |
| • | | Name of Contact Pe | rson |
| - | | Firm/ Company | |
| _ | 7211 N DALE MARRY HW | VY STE 200 | |
| | ГАМРА, FL 33614 | Address | |
| _ | - 1 | City/ State and Zip (| Code |
| | | | |
| _ | E-mail address: (to be u | sed for future annual rer | port polification) |
| | ` | | or notification) |
| For further information | concerning this matter, plea | se call: | |
| KETYS RAMIREZ | | at (| 1768 |
| Name of | Contact Person | Area | Code & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida D | epartment of State: |
| S35 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) |
| Amen Divisi P.O. E | ng Address diment Section on of Corporations lox 6327 assec, FL 32314 | Ame Divi The 241 | et Address ender Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303 |

Articles of Amendment to Articles of Incorporation of

| NORTH AMERICA INC | |
|---|---|
| P19000088839 | v filed with the Florida Dept. of State) |
| (Document Number o | Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this aits Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| CUSTOM HOMES SVC INC | |
| name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | The new ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: | 22 |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| WAT BE NEWS OFFICE BOX | |
| | · · · · · · · · · · · · · · · · · · · |
| | <u>~</u> - |
| If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: | ess in Florida, enter the name of the |
| Name of New Registered Agent | |
| | |
| (Florida stree | t uddi ess) |
| N. B. C. Communication | |
| New Registered Office Address: | (Zip Code) |
| | ,, |
| ew Registered Agent's Signature, II changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi | th and accept the obligations of the position. |
| Signature of New Reg | istered Agent, if changing |
| heck if applicable | |

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 un Add. Example:

| X_Change | PT | <u>John D</u> | <u>'</u> | |
|----------------------------|------------|---------------|---------------------|-----------------|
| X Remove | <u>v</u> . | Mike J | ones | |
| X Add | <u>\$v</u> | Sally S | <u>mith</u> · | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1) X Change | Р | | ROYLAN ALONSO LOPEZ | 7307 ALMARK ST |
| Add | | | | TAMPA, FL 33625 |
| Remove | | | | |
| 2) Change | | _ | | |
| Aud | | | , | |
| Remove Change | | · | | |
| Add | | • | | *} |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | • | | |
| Add | | _ | | |
| Remove | | | | |
| Change | | | • | |
| Add | | •• | | |
| Remove | | | | |
| Kemoye | | | | |

| If amending or adding additional Ar (Attach additional sheets, if necessary). | (Be specific) | |
|---|--|---|
| | , , , | |
| | | |
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| - | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 1 |
| | | 1 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | • |
| | | |
| If an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, | |
| (if not applicable, indicate N/A) | endment if not contained in the amendment itself: | |
| G | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 270 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| The date of each amendment(s) a date this document was signed. | doption: | if other than the |
|---|--|---------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this I document's effective date on the D | slock dure not more than a series | not be listed as th |
| 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 | shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were st | opted by the shareholders. The number of votes east for the amendment(s) officient for approval. | |
| , y pra manjar | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | 2024 |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| | (voting group) | ; <i>\(\)</i> |
| | (voting group) | |
| 08/21/2024 Dated | | 2 |
| Signature 200 | | .* |
| 12.24.44 | ector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary) | - |
| | ROYLAN ALONSO LOPEZ | |
| - | (Typed or printed name of person signing) | |
| i | PRESIDENT | |
| | (Title of person signing) | |