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(C:+	y/State/Zip/Phone	- 	
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Nedara Inc.
NAME OF CORPORATION: Nedara, Inc. DOCUMENT NUMBER: P2 0000016696
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cabriel T. Carballo Name of Contact Person
Name of Contact Person
Nedora, Inc. Firm/Company
375 N.E. 26th AVENUE, Unit 201
Hunustead F1. 33033 City/ State and Zip Code
City/ State and Zip Code
9 abonet 18 a smail com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Capping T Coopers 791 218 1 101
Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact i cison Area Code & Dayrine i deprione Wilhoer
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

, UI

	A Inc	
(Name of Corporation as curre		pt. of State)
	016696	· ·
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation	adopts the following amendme
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation	" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	NIA	2
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		. 20
		A01187.
	****	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	<u> </u>
(1774 man cas (1777 p. 1777 p.		2: 2
		<u></u>
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address		ame of the
	street address)	
New Registered Office Address: New Registered Office Address:	(City)	, Florida
•	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	r with and accept the obligation	•
NIA	Registered Agent, if changing	
Signature of New	r kegisierea Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	1) (e), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mik</u>	cc Jones	
X Add	<u>SV</u> Sall	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u> _	Andrea F. Casanino	375 N.E. ZL Street
Add Remove			Homotead F1 3303
2) Change	VP	Idalmis ZAyAs	375 N.E. 26 Street
Add Remove Change	P	Gobiel I Cerballo	Homstead, Fl. 33033 375 NE 26 Avenue
Add Remove 4) Change Add			Homestcod, Fl. 3303:
Remove 5) Change Add			
Remove 6) Change			
Add Remove			

tiach <i>add</i>	ng or adding additional litional sheets, if necessar	y). (Be specific)	ige(s) here:		
	NIA				
···	NIA				
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an amen	dment provides for an e s for implementing the s	xchange, reclassific	cation, or cancella	ation of issued sha	res,
(if not	applicable, indicate N/A)	ontained in the ar	nenament Useii:	
	NA		. <u></u> -		· ·
	·····			· · · · · · · · · · · · · · · · · · ·	

	nch amendment(s) adoption: NA, nent was signed.	if other the
Effective date j	if applicable: N/A (no more than 90 days after amendment file date)	
	late inserted in this block does not meet the applicable statutory filing requirements, this date will no fective date on the Department of State's records.	t be listed a
Adoption of Ar	amendment(s) (CHECK ONE)	
The amendn	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sha not required.	ırcholder
	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) reholders was/were sufficient for approval.	
	ment(s) was/were approved by the shareholders through voting groups. The following statement parately provided for each voting group entitled to vote separately on the amendment(s):	
"The n	number of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	Signature x (By a director, president or other affects 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)	
	(Typed or printed name of person signing) Plesioent (Title of person signing)	,