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TALLAHASSEE, FL

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## **COVER LETTER**

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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Ldf Industrial DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 5 Tesada Firm Company Hondon Loop Davenport exada. 1185@6 mail. Com
o de used for future annual report notification) For further information concerning this matter, please call: Luis Texada at 407 7804638

Name of Contail Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filling Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of C	Corporation as currentl	v filed with the Florida Dept. of State)	
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this .	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new nam	e of the corporation:		
NIA			The new
	p," "Inc," or "Co". A	company," or "incorporated" or the abbreviation of the containance of the containal corporation of the must contain the containance of the contain	_ on "Corp.,"
B. Enter new principal office address, if a (Principal office address MUST BE A STR		NA	<del></del>
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		NIA	
D. If amending the registered agent and/ new registered agent and/or the new r			
Name of New Registered Agent	N A	<u>.</u>	-
_	Allanida eta	vet address)	7, SE(1,
New Registered Office Address:	NA	, Florida	SECRET
		(City) (Zip C	
New Registered Agent's Signature, if cha I hereby accept the appointment as registered	nging Registered Agent ed agent. I am familiar v	in the state of the obligations of the position.	PH 5: 29 OF STATE SSEE, FL
V\	A		
	Signature of New Re	egistered Agent, if 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	_1_	Fabion Quintana	1522 Dorado Dr
Add			Kissimmee FL. 3474
X Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Add			<u></u>
Remove			TALL
5) Change	<del></del>		SECRLIAHAS TAULAHAS
Add			SS P
Remove			မ်ာ့လ က်
6) Change			ATE FL
Add			
Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
NLA	
	<del></del>
<del></del>	
	127
an amendment provides for an exchange, reclassification, or cancellation of issued sh	ares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
NIA	
70 [17	
	AY COR
	5 AS
	1/1/
	FI S S
	SECRETARY OF STATE TAILDANAS SEE, FL

The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)	if other than the
(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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
SE The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	ion and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	ieni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 05/08/2023	
Signature Luis teradou.	
(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 course appointed fiduciary by that fiduciary)	ırt
	202 SE
(Typed or printed name of person signing)	AC 3
(Typed or printed name of person signing)	
Director	LAHAS
(Title of person signing)	
	F ST
	AY 15 PH 5: 29 LIARN OF STATE LAHASSEE, FL