## P20000042812

(Re	equestor's Name)		
(Ad	ddress)		
(Ac	ddress)		
(Ci	ity/State/Zip/Phone	e #)	
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## COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF COUR	RATION: MT CASTLE COR	P		
DOCUMENT NUM	IBER: P20000042812			
The enclosed Article	s of Amendment and fee are sub	omitted for filing.		
Please return all corr	espondence concerning this mat	ter to the following:		
	JUAN J GARCIA			
		Name of Contact Person		
	USA LATINO TAX AND ACCOUNTING LLC			
		Firm/ Company		
	PO BOX 771154			
		Address		
	ORLANDO FL 32877-1154			
		City/ State and Zip Code		
	JUAN@GARCIAPADRO.CO	OM		
	E-mail address: (to be us	ed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
IUAN J GARCIA		at (	745-5587 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address Amendment Section		
	mendment Section fivision of Corporations	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 i	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

2022 F 1-1 PH 3: 30

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(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P20000042812		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	. Florida Profit Corporation adopts the following amendment(s	
A. If amending name, enter the new name of the corporation:		
LA AREPA CUADRADA CORP	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 name must contain the word	
B. Enter new principal office address, if applicable:	609 TALISI LOOP	
(Principal office address MUST BE A STREET ADDRESS)	ST CLOUD FL 34771	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	609 TALISI LOOP	
	ST CLOUD FL 34771	
D. If amending the registered agent and/or registered office ad	idress in Florida, enter the name of the	
new registered agent and/or the new registered office addre	<u> </u>	
Name of New Registered Agent 609 TALISI LOOP		
	street address)	
ST CLOUD	. Florida 34771	
New Registered Office Address:	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. Tam familia	ir with and accept the obligations of the position.	

MT CASTLE CORP

Chéck 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\Sigma}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	EDWIN MARRERO	609 TALISI LOOP
X Add			ST CLOUD FL 34771
Remove			
2) Change	*****		
Add			
Remove Change			
Add			
Remove			
4) Change	**		199
Add			
Remove			
5) Change		+1,	
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

	additional Articles, s, if necessary).—(Be	, specijie)			
	<del></del>				
<del></del>					
Can amandment nea	vides for an exchang	e, reclassification, o	or cancellation of iss	ued shares,	
a an amenument pro	menting the amenda	nent if not contained	l in the amendment	<u>itself:</u>	
provisions for imple	indicate N/A)				
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MAY 17, 2022, if other tha
The date of each amendment(s) adoption:, if other that, if other that
MAY 17, 2022
ffective date <u>if applicable:</u> (no more than 90 days after amendment file date)
(no more than 90 days after amenament fact date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a focument's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
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 east for the amendment(s) was/were sufficient for approval
by
(voting group)
MAY 17 2022 Dated
Signature / Price Klauce
(By a director/president of 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)
JENNY M MARRERO
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)