P3124

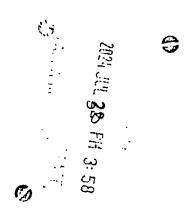
| | (Requestor's Name) | | | |
|---|--------------------------|--|--|--|
| | (Address) | | | |
| | (Address) | | | |
| | (City/State/Zip/Phone #) | | | |
| PICK-UF | P WAIT MAIL | | | |
| | (Business Entity Name) | | | |
| | | | | |
| | (Document Number) | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



300433618953

07/30/24--01032--004 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: EUCALIPTO ME | DIA INC | | | | |
|--|---|--|--|--|--|--|
| DOCUMENT NUM | P200000 13 12 L | | | | | |
| The enclosed Articles | of Amendment and fee are st | ibmitted for filing. | | | | |
| Please return all corre | spondence concerning this ma | utter to the following: | | | | |
| | WILLIAM A HERNANDEZ | Z N | | | | |
| | Name of Contact Person | | | | | |
| | EUCALIPTO MEDIA INC | | | | | |
| | | Firm/ Company | | | | |
| | 21420 NW 13TH AVE | | | | | |
| | Address | | | | | |
| | MIAMI, FL 33169 | | | | | |
| | | City/ State and Zip Coc | le | | | |
| | INFINITY,PROF22@GMAI | IL.COM | | | | |
| | E-mail address; (to be us | sed for future annual repor | t notification) | | | |
| | | | | | | |
| For further informatio | n concerning this matter, plea | se call: | | | | |
| 10/11/2 | and the will | 11am | | | | |
| Name (| of Contact Person | <u>глитис⊁</u> ас(<u>⊃~г</u> Area Cc | nde & Daytime Telephone Number | | | |
| Enclosed is a check fo | r the following amount made | nnouble to the Elevide Des | network of Control | | | |
| The state of the s | a de wiwang anyani made | payatic to the Fittina Dep | arment of State: | | | |
| S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| EUCALIPTO MEDIA INC | | | | | |
|---|--|--|--|--|--|
| (Name of Corporation as curren | tly filed with the Florida Dept. of State) | | | | |
| P20000043124 | | | | | |
| (Document Number | of Corporation (if known) | | | | |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to | | | | |
| A. If amending name, enter the new name of the corporation: | | | | | |
| COLMATEX INC | 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. | "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word | | | | |
| B. Enter new principal office address, if applicable: | 21420 NW 13111 AVE | | | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | MIAMI, FL 33169 | | | | |
| | | | | | |
| | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 21420 NW 13TH AVE | | | | |
| | MIAMI, FL 33169 | | | | |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address. | | | | | |
| Name of New Registered Agent | | | | | |
| | in a | | | | |
| (Florida s | street address) | | | | |
| | | | | | |
| New Registered Office Address: | City) Florida ? (City) (City) | | | | |
| | % 58 | | | | |
| New Registered Agent's Signature, if changing Registered Ager | nt: | | | | |
| Thereby accept the appointment as registered agent. I am familian | r 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) (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 she as, 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 | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | | _ | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | iuainonai sneeis. | i, if necessary). | (Be specific) | | | | |
|-----------------|---|-------------------|---------------------------------------|-----------------------|---------------------------|-------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | <u> </u> | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | <u> </u> | |
| | | | | | | | |
| | | | | · | | · | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | <u> </u> | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | _ | | | | |
| | | | | | <u> </u> | | |
| | | | | | | | |
| | | | | | | | |
| | | | | anatam and a constant | | | |
| an am | endment provid | loc for an asak | anga padawic | cacion, or cancell | <u>auon oi issued sha</u> | res. | |
| an am | endment provid | des for an exch | ange, reclassifi | 1 1 1 | | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi ndment if not c | ontained in the a | mendment itself: | | |
| <u>Provisic</u> | endment provid ons for impleme tot applicable, in | enting the amer | ange, reclassifi ndment if not c | ontained in the a | mendment itself: | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi ndment if not c | ontained in the a | mendment itself: | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi ndment if not c | ontained in the a | mendment itself: | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi ndment if not c | ontained in the a | mendment itself: | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi ndment if not c | ontained in the a | mendment itself: | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi ndment if not c | ontained in the a | mendment itself: | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi ndment if not c | ontained in the a | mend <u>ment itself:</u> | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi ndment if not c | ontained in the a | mend <u>ment itself:</u> | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi | ontained in the a | mend <u>ment</u> itself: | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi | ontained in the a | mend <u>ment itself:</u> | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi | ontained in the a | mend <u>ment itself:</u> | | |
| <u>Provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi | ontained in the a | mendment itself: | | |
| if n | <u>ons for impleme</u> | enting the amer | ange, reclassifi | ontained in the a | mendment itself: | | |
| <u>provisic</u> | <u>ons for impleme</u> | enting the amer | ange, reclassifi | ontained in the a | mendment itself: | | |
| if n | <u>ons for impleme</u> | enting the amer | ange, reclassifi | ontained in the a | mendment itself: | | |
| if n | <u>ons for impleme</u> | enting the amer | ange, reclassifi | ontained in the a | mendment itself: | | |
| if n | <u>ons for impleme</u> | enting the amer | ange, reclassifi | ontained in the a | mendment itself: | | |

| 0 €/30/2024 | |
|---|---|
| The date of each amendment(s) adoption: | , if other than the |
| date this document was signed. | · · · · · · · · · · · · · · · · · · · |
| Od/30/2024 Effective date <u>if applicable</u> : | |
| | s after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. | statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board action was not required. | of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The num by the shareholders was/were sufficient for approval. | ber of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s | voting groups. The following statement eparately on the amendment(s): |
| "The number of votes east for the amendment(s) was/were suf | ficient for approval |
| by | |
| (voting group) | |
| Signature William Hemands (By a director, president or other officer – selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary) WILLIAM HERNANDEZ (Typed or printed name) | ls of a receiver, trustee, or other court |
| P | or berson affaints) |
| l' | |
| (Title of person signing) | |