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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAXODA BUSINESS, CORP

Account Number : 120230000039

Phone Fax Number

: (786)768-8794 : (786)803-8477

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ipncampou4906 ymail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN PROPTIMUM, CORP

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COVER LETTER

| TO: Amendment Se Division of Co | | | | | |
|--|---|--|--|---|--|
| NAME OF CORP | ORATION: PROPTIMUM, CO | ORP | | | |
| | MBER: P20000089394 | | | | |
| | es of Amendment and fee are su | ibmitted for filing. | | | |
| Please return ali cor | respondence concerning this ma | atter to the following: | | | |
| | LUŻ M BEDOYA BERRIO | | | | |
| | | Name of Contact Perso | n | _ | |
| · | PROPTIMUM, CORP | reade of Contact Least | | . سي | |
| | | Firm/ Company | | S | |
| | 2321 LAGUNA CIR, APT 1202 | | | | |
| | | Address | | - 25 | |
| | NORTH MIAMI, FL 33181 | | | 2 1 | |
| | | City/ State and Zip Cod | e | | |
| | jpocampo0490@gmail.com | | | 2023 SEP 12 AM 9: 42 SEGLIC KHASSEE. FL | |
| | E-mail address: (to be us | sed for future annual report | notification) | 1 F. 2 | |
| For further informat | ion concerning this matter, plea | se call: | | | |
| ODALYS RODRIG | UEZ | at (| (786) 768-8794 | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Numb | er | |
| Enclosed is a check | for the following amount made | payable to the Florida Dep. | artment of State. | | |
| ■ \$35 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) | | |
| 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

| PROPTIMUM, CORP | | | | |
|--|---|------------------------------|---|----------------|
| (<u>Name</u> | of Corporation as current | ly filed with the Florida I | Dept. of State) | |
| P20000089394 | | | | |
| | (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this | Florida Profit Corporatio | n adopts the following as | nendment(s) to |
| A. If amending name, enter the new n | ame of the corporation: | | | |
| N/A | | | m | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association," | Corp." "Inc." or "Co" | A professional corporation | ed" or the abbreviation " n name must contain th | Corn " |
| B. Enter new principal office address, if applicable: | | N/A | | |
| (Principal office address <u>MUST BE A S</u> | TREET ADDRESS) | | ٤٢. | 202 |
| | | | | <u> </u> |
| | | | | <u></u> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | HASS | 2 1 |
| \$ <u></u> | 2.1.1.00 5011 | | mo mo | A |
| | | | | 9:142 |
| | | | · | 2 |
| D. If amending the registered agent an new registered agent and/or the nev | d/or registered office add v registered office address | ress in Florida, enter the | name of the | |
| Name of New Registered Agent | N/A | _ | | |
| Hame of New West Resen Manual | | <u> </u> | | |
| | (Florida ser | zet address) | | |
| V. D. t. 107 (7) | N/A | car tanar cary | _ | |
| New Registered Office Address: | | (City) | , Florida | , |
| | | . ,. | ,,, | 1 |
| New Registered Agent's Signature, if c | hanging Registered Agent | <u>:</u> | | |
| thereby accept the appointment as regist | ered agent. I am familiar i | with and accept the obligati | ions of the position. | |
| | | | | |
| | | | | |
| | Signature of New R | egistered Agent, if changin | | |
| | | | _ | |

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.

| X_Change | <u>PT John</u> | n Doe | |
|-------------------------------|---------------------|-----------------------|-------------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV Sall</u> | y Smith | |
| Type of Action (Check One) | <u> Iile</u> | <u>Name</u> | Address |
| 1) Change | Co-Own | Sara A Cardona Bedoya | 2321 LAGUNA CIR APT 120 |
| Add _X Remove | | | NORTH MIAMI, FLOTISI ST |
| 2) Change | | | HASSEE, FL |
| Remove Change | | | - Fig. 2 |
| Add Remove 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add | | | |
| Remove | | | |

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| The date of each amendment(s) adoption: date this document was signed. | _ if other t | than the |
|--|----------------|----------|
| Effective date if applicable: | | |
| (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 date will redocument's effective date on the Department of State's records. | ot be lister | i as the |
| Adoption of Amendment(s) (CBECK ONE) | | |
| E The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and slaction was not required. | narcholder | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 cast for the amendment(s) was/were sufficient for approval by | 2023 S | العتبيت |
| Signature X duy of critical Barbya Barbya (By a director) president or other officer of 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 Educiary) LUZ M BEDOYA BERRIO (Typed or printed name of person signing) PRESIDENT: | EP 12 AM 9: 42 | |
| (Title of person signing) | | |