Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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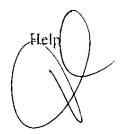
Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

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Electronic Filing Menu Corporate Filing Menu



Articles of Amendment to Articles of Incorporation of

	currently filed with the Florida Dept. of State)
P21000005300	sortency med with the Agrical Dept. of State)
(Document N	Sumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ation:
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp." "Inc," or ' "chartered." "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation "Corp." "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	<u>(S)</u>
	. (1)

C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	*** •
(Managana Com Mari Did A Logy Of Lines Don)	
 If amending the registered agent and/or registered off 	Tice address in Florida, enter the name of the
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
new registered agent and/or the new registered office	address:
new registered agent and/or the new registered office	
Name of New Registered Agent	address:
Name of New Registered Agent (F)	nddress:
Name of New Registered Agent	raddress: Florida street address)
Name of New Registered Agent (F)	nddress:
Name of New Registered Agent (F)	raddress: Florida street address)
new registered agent and/or the new registered office Name of New Registered Agent (F. New Registered Office Address:	raddress: Florida street address) , Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered	clorida street address), Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered	clorida street address), Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered	clorida street address), Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered	clorida street address), Florida (City) (Zip Code)
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	clorida street address), Florida (City) (Zip Code)
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	(City) (Zip Code) Agent: familiar with and accept the obligations of the position

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)

To:

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 D	<u>oc</u>		
X Remove	<u>y</u>	Mike J	<u>ones</u>		
X Add	<u>sv</u>	<u>Sally S</u>	<u>mith</u>		
<u>Fype of Action</u> (Check One)	Title		<u>Name</u>	Address	<i>'</i>
X Change	VP		JECKSON JOSE PONCE MERLO	1800 NW 129 AVE STE 115	7674
Add		_		MIAMI, FL 33182	<u>.</u>
Remove					Œ.
2) Change		_			<u>.</u>
Add					——————————————————————————————————————
Remove Change					
Add					
Remove			,		
1) Change					
Add					
Remove					_
5) Change		_		-	
Add					
Remove					
Change					_
Add					_
Remove					_

	,
	
an amendment provides for an exchange, reclassification, or cancellation	on of issued shares,
provisions for implementing the amendment if not contained in the amen (if not applicable, indicate N/A)	ndment itself;
<i>Cy If P</i>	
·····	

The date of each amendment(s) adop date this document was signed.	08/13/2024 tion:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirements, this date will then tof State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	2924
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder action and s	
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	σ_{i}
must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	<u>.</u>
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
08/13/2024 Dated	iende	
selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	-
10:	SE ALLENDE	
_	(Typed or printed name of person signing)	······
P		
	(Title of person signing)	