## P21000005588

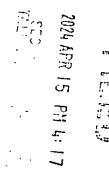
| (Re                     | questor's Name)  |             |  |
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| (Address)               |                  |             |  |
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| PICK-UP                 | ☐ WAIT           | MAIL        |  |
| (Bu                     | siness Entity Na | me)         |  |
| (Do                     | cument Number)   |             |  |
| Certified Copies        | _ Certificate:   | s of Status |  |
| Special Instructions to | Filing Officer:  |             |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

.

| NAME OF CORP   | ORATION: PROVISHOP COI                      | RP.  |   |
|--|---|--|---|
|  | MBER: P21000005588                          |  |   |
|  | les of Amendment and fee are su             | abmitted for filing.   |   |
| Please return all co   | rrespondence concerning this ma             | atter to the following:  |   |
|  | GONZALEZ ROJAS, SERR                        | ANI  |   |
|  |   | Name of Contact Person   | 1   |
|  | Gereani                                     | males  |   |
|  | <i>U</i>                                    | Firm/ Company  |   |
|  | 8115 NW 60Th St                             |  |   |
|  |   | Address  |   |
|  | Miami, FL 33166                             |  |   |
|  |   | City/ State and Zip Cod  | e   |
|  | Provishop.usa@gmail.com                     |  |   |
|  | E-mail address: (to be us                   | sed for future annual report                                       | notification)   |
|  | tion concerning this matter, plea           |  |   |
| GONZALEZ ROJAS, SERRANI  |   | at (   | )   |
| 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:   |
| S35 Filing Fee   | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 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 |   | Amend<br>Division<br>The C   | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| PROVISHOP CORP.   |  |   |          |
|---|--|---|----------|
| (Name of Corporation as curren  | ntly filed with the Florida Dept         | i. of State)  |          |
| P21000005588  |  |   |          |
| (Document Number  | of Corporation (if known)                |   | -        |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:   | is Florida Profit Corporation ac         | lopts the following amendmen                              | it(s) to |
| A. If amending name, enter the new name of the corporation:   |  |   |          |
|   |  | 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 n             | or the abbreviation "Corp.,"<br>ame must contain the word |          |
| B. Enter new principal office address, if applicable:   | 8115 NW 60Th St                          |   |          |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | Miami, FL 33166                          | 2021<br>Tis   | _        |
|   |  | P   |          |
|   |  | <u></u>   | ====     |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 8115 NW 60Th St                          |   | I        |
|   | Miami, FL 33166                          |   | 24.2.    |
|   |  | 二 5   |          |
| D. If amending the registered agent and/or registered office ad   |  | ne of the   |          |
| new registered agent and/or the new registered office addre   | <u> </u>                                 |   |          |
| Name of New Registered Agent  |  |   |          |
|   |  | <del></del>   |          |
| (Florida)   | street address)                          |   |          |
| New Registered Office Address:  | (City)                                   | , Florida(Zip Code)                                       |          |
|   | (City)                                   | (mp code)   |          |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.   | nt:<br>r with and accept the obligation. | s of the position.  |          |
| Signature of New  | Registered Agent, if changing            | <del> </del>  |          |
| ., 2  |  |   |          |

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)

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) | Title       | <u>Name</u>             | Address                                  |  |
| 1) Change                  | Р           | JORGE L ROMERO          | 10445 NW 61ST LN                         |  |
| Add                        |             |                         | DORAL FL,33178. US                       |  |
| X Remove  2) Change        | VP          | HAYLIN S BOHORQUEZ      | 10445 NW 61ST LN                         |  |
| Add                        | <del></del> |                         | DORAL FL,33178. US                       |  |
| X Remove Change            | P           | GONZALEZ ROJAS, SERRANI | 3480 NW 85TH CT<br>DORAL, FL 33122       |  |
| X Add                      |             |                         | 18 18 18 18 18 18 18 18 18 18 18 18 18 1 |  |
| Remove                     |             |                         |  |  |
| 4) Change                  |             |                         |  |  |
| Add                        |             |                         |  |  |
| Remove                     |             |                         |  |  |
| 5) Change                  |             |                         |  |  |
| Add                        |             |                         |  |  |
| Remove                     |             |                         |  |  |
| 6) Change                  |             |                         |  |  |
| Add                        |             |                         |  |  |
| Remove                     |             |                         |  |  |

| Attach additional sheets, if necessary).                                 | ticles, enter chang<br>(Be specific) |                     |                  |  |
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| an amendment provides for an exc   | hange, reclassifica                  | tion, or cancellati | on of issued sha | res.   |
| orovisions for implementing the ame<br>(if not applicable, indicate N/A) | enament it not cor                   | itained in the ame  | nament itsett:   |  |
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| The date of each amendment(s) adoption:date this document was signed.  | , if other than the  |
|--|--|
| Effective date <u>if applicable</u> :  |  |
| (no more to  | an 90 days after amendment file date)  |
| Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco | applicable statutory filing requirements, this date will not be listed as the rds.                   |
| Adoption of Amendment(s) (CHECK ONE)   |  |
| The amendment(s) was/were adopted by the incorporator<br>action was not required.                                      | s, or board of directors without shareholder action and shareholder                                  |
| ☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.          | . The number of votes east for the amendment(s)  |
| ☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entitle       |  |
| "The number of votes cast for the amendment(s) was   | s/were sufficient for approval   |
| by   | .,,  |
| (voting group)   |  |
| 04/10/2024<br>Dated  |  |
| Signature Serrany G  | maly   |
| (By a director, president or other   | officer – if directors or officers have not been in the hands of a receiver, trustee, or other court |
| GONZALEZ ROJAS. S  |  |
| (Typed or pr   | nted name of person signing)   |
| PRESIDENT  |  |
| (Title of pers   | on signing)  |