P2100019859

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	, . <u></u>
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

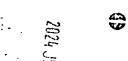
Office Use Only



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to === .

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COVER LETTER

TO: Amendment Section Division of Corporations

SAME OF CORPOR	ATION: Novelo Contractor	s Inc	
OOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Alejandro Diaz		
-		Name of Contact Person	1
		Firm/ Company	
	6619 S. Dixie Highway #597		
		Address	
	Miami. FL 33143		
		City/ State and Zip Code	2
	aoxinc@gmail.com		
•	E-mail address: (to be us	sed for future annual report	notification)
or further information	concerning this matter, pleas	se call:	
Alejandro Diaz		at (742-7333
Name of Contact Person		Area Co	de & Daytime Telephone Number
inclosed 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 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 Articles of Incorporation of

Novelo Contractors Inc.

(Name of Co	rporation as current	y filed with the Florida 1	Dept. of State)	
P21000019859				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006. its Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corporatio	n adopts the following amendn	ient(s) t
A. If amending name, enter the new name of	of the corporation:			
Diaz VDF Inc			The ne	
name must be distinguishable and contain the v "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or th	" "Inc," or "Co"	4 professional corporatio	ed" or the abbreviation "Corp.,	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		ИД		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or	ICE BOX)	ress in Florida, enter the	name of the	
new registered agent and/or the new reg	istered office address	<u>s:</u>		_
Name of New Registered Agent	NA	<u> </u>	202	2
	,			
	(Florida st)	reet address)	N	
New Registered Office Address:			. Florida	
		(City)	(Zip Gide)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent agent. I am familiar	: with and accept the obliga	tions of the position.	
N/A	Signature of New I	Registered Agent, if changi	ng	
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.

Example: 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>	<u>Addres</u> s
1) Change		_	11/11
Add			
Remove			 .
2) Change			
Add			
Remove Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
N/H	
- · · -	
	<u> </u>
for amondment municipal for an area	and make siffer time an annual lation of insuad above
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
בווא	

.

July 24, 2024	
he date of each amendment(s) adoption:, if other that this document was signed.	n the
July 24th, 2024 ffective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a beament's effective date on the Department of State's records.	s the
doption of Amendment(s) (CHECK ONE)	
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 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'''	
(voting group)	
Dated 7-24-74 Signature	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Alejandro Diaz	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Novelo Contractor	rs Inc	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	Alejandro Diaz		
-		Name of Contact Person	l
-		Firm/ Company	
t	6619 S. Dixie Highway #597		
-		Address	
1	Miami, FL 33143		
		City/ State and Zip Code	
£	oxinc@gmail.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Alejandro Diaz		at (305	742-7333
Name of Contact Person		Area Co) 742-7333 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303