Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000244101 3)))



H230002441013ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : KIM MARKS CPA Account Number : 120120000072 Phone : (305)895-5815 Fax Number : (305)895-6273

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

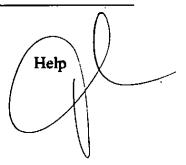
Fesil	Address:			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LIORA REDMAN INC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



011 6 Ed Z1 Ell El

## **COVER LETTER**

Division of Corp			•
NAME OF CORPOR	RATION: LIORA REDMAN	INC	
DOCUMENT NUMI	BER: P21000045703	<del></del>	
The enclosed Articles	of Amendment and for are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Stephen Korn		
	Kim Marks CPA PA	Name of Contact Person	
		Firm/ Company	
	2136 NE 123rd ST		
	· · · · · · · · · · · · · · · · · · ·	Address	
	North Miami, FL 33181		
		City/ State and Zip Code	
	stephen@kimmarkscpa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Stephen Korn		st ( 305	895-5815
Name	of Contact Person	Area Co	de & Deytime Telephone Number
Enclosed is a check fo	r the following amount made	psysble to the Florida Depe	artment of State:
\$35 Piling Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Fliing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations			Address
			ment Section n of Corporations
	. Box 6327	The Ca	entre of Tallahassee
Tail	ahasace, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment

Articles of Incorporation

of

ornoration as currently filed with the F	
	orida Dent. of Stata)
(Document Number of Corporation (if k	nown)
6, Florida Statutes, this Florida Profit Cos	porution adopts the following amendment(s) to
of the corporation:	
	The new
word "corporation," "company," or "inc ," "Inc," or "Co". A professional co the abbreviation "P.A."	
PRET ADDRESS )	
	2023 . ".
<del></del>	
	∾
	<del></del>
registered office address in Florida, en	• •
<del></del>	
ORA REDWINI	
77 COLLINS AVE 1104	
(Florida street address)	
riside	, Florida
	of the corporation:  word "corporation:  word "corporation," "company," or "inc." "Inc." or "Co". A professional corporation "P.A."  continued by the abbreviation and the abbreviation "P.A."  continued by the abbreviation and the a

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- Treasure; C- Chairman or Clerk; CBO - 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	PT lohn	Dos		
X Remove	Y Mike	Liones		
_X Add	SY Saily	Smith		
Type of Action (Check One)	Title	Name	Address	1
I) Change	<u>P</u>	LIORA Sentos		:
Add			·	-
Remove 2) Change	P	LIORA REDMAN	8877 COLLINS AVE 1104	;
X Add			Surfiide, FL 33154	5023
Remove Change			-	
Add				1
Remove				<u> </u>
4) Change				
Add				!
Change				
Add				•
Remove				<u> </u>
6) Change		<del></del>	<del></del>	•
Add				
Damous			!	

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
	· · · · · · · · · · · · · · · · · · ·
	· ·
<del></del>	·
	,
	707
	-
	<del></del>
	<del>+</del>
F. If an amendment provides for an exchange, reclassification, or cancellation of instead shares, provisions for implementing the amendment if not contained in the amendment itself;  (If not applicable, bulicate N/A)	•
	<del> </del>
	•
<u> </u>	1
	<del>-   -</del>
	· · ·

(((H23000244101 3)))	7	1
The date of each amendment(s) add date this document was signed.	option:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will no artment of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	!
☐ The amendment(s) was/were adopted action was not required.	sted by the incorporators, or board of directors without shareholder action and sha	reholder
The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	20
	oved by the shareholders through voting groups. The following statement och voting group entitled to vote separately on the amendment(s):	202:
"The number of votes cast ft	or the amendment(s) was/were sufficient for approval	70
by	(voting group)	•
07/12/2023 Dated	Poulo	: 52
(By a directed,	by an incorporator - if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
I	LIORA REDMAN	:
_	(Typed or printed name of person signing)	<del></del>
] _	PRESIDENT	
_	(Title of person algning)	. ——