P21000054676

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ETA PIZO - SER VICES JAC DOCUMENT NUMBER: P21000054676
DOCUMENT NUMBER: <u>P21000054676</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Twandres Trongoso Name of Contact Person
Figure / Company
Firm/Company 11004 Clovenland PL
11004 Cloverland PL Address Tampa FL 33624 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Juandres Trondoso at 609 638-5406 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ETA PRO-SERVICES INC	
(Name of Corporation as currently filed with the Florida Dept. of S	tate)
P21000054676	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts t its Articles of Incorporation:	he following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name is "chartered," "professional association," or the abbreviation "P.A."	abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>
	
	<u> </u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of	<u>the</u>
new registered agent and/or the new registered office address:	
Name of New Registered Agent Luandres TRONGOSO	
11006 Cloverland PL	
(Florida street address)	
Tame	227.01/
New Registered Office Address: /WY/Sa (City)	da
(City)	(ειρ σομέ)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of th	e position. 🔀
./	
A -	, Jo
Signature of New Registered Agent, if changing	٠ .
Check if applicable	Ģ
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	2

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</u>	John Doo	2	
X Remove	$\underline{\mathbf{v}}$	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>úth</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	PT	_	Lisber Alonso Brana	11004 Clowerland Pl
Add				+aupa FL 33624
Kemove	DT		Luandees Trannosa	0 10
2) Change	PT	_	quanges 11201/1050	11000 Cloverland Pl
× Add				-lampa FL 33624
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_	.	
Add				
Remove				
6) Change		<u>-</u>		
Add				
Remove				

ttach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)	
		
		
···		
	change, reclassification, or cancellation of issued shares,	
rovisions for implementing the amo	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	, 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 does not meet the applicable statutory filing requirements, this date locument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)	202
(voting group)	2021 7/195
Dated $\frac{7/2}{2021}$	$\bar{\omega}$
	2
Signature	<u> </u>
(By a director, provident or other officer – if 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 fiduciary)	23
Luandies Troncoso	
(Typed or printed name of person signing)	
$\mathcal{D}\mathcal{T}$	

(Title of person signing)