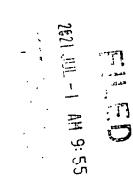
## P21000056914

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (100.000)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Sconosc Link)                          |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| Special management to running embed.    |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



400368877074



07/01/21--01008--002 \*\*35.00

Anund

JUL 0 ! 2021 I ALBRITTON 2021 JULY 1 AM 9: 59

## COVER LETTER

TO: Amendment Section

| Division of Corporations   |  |
|--|--|
| NAME OF CORPORATION: Matos   | _  |
| DOCUMENT NUMBER: P 2 0000  | 56914  |
| The enclosed Articles of Amendment and fee a   | re submitted for filing.   |
| Please return all correspondence concerning this   | s matter to the following:   |
| Matos 1<br>5245 R<br>Fort Myen   | Name of Contact Person  Services (orp: Firm/Company  Address  S. F. C. 33.907  City/ State and Zip Code  Openail 10A  be used for future annual report notification) |
| For further information concerning this matter,  | please call:   |
| Ashley N. Negran Will Name of Consider Person  | at (797) 200 909 - 6712  Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount in  | nade payable to the Florida Department of State:   |
| S \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of State                                     | <del>_</del>   |
| 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

to
Articles of Incorporation
of

| mortos Trick   | Services CCID   |
|--|---|
| (Name of Corporation as currently  | y filed with the Florida Dept. of State)                        |
| 22100  | 77054911  |
| (Document Number of  | f Corporation (if known)  |
| ·  | •   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:  | Florida Profit Corporation adopts the 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," "Co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | 1 professional corporation name must contain the word           |
| B. Enter new principal office address, if applicable:  | 7 00  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |
|  | . 1   |
|  |   |
| C. Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |
|  | يا <u>ب</u> بي  |
|  | <u></u>   |
|  |   |
| D. If amending the registered agent and/or registered office add   |   |
| new registered agent and/or the new registered office address  | <u> </u>  |
| Name of New Registered Agent   |   |
|  |   |
| (Florida str   | eet address)  |
| New Registered Office Address:   | . Florida   |
|  | (City) (Zip Code)   |
|  |   |
|  |   |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v  |   |
| Therein accept the appointment as registered agent. I am familiar  | van und accept the obligations of the position.                 |
|  |   |
|  |   |
| Signature of New R.  | egistered Agent, if changing                                    |
| 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:<br>X Change       | <u>PT</u> | John Doe                             |               |
|----------------------------|-----------|--------------------------------------|---------------|
|                            | <u>v</u>  | Mike Jones                           |               |
| X Remove                   |           |                                      |               |
| <u>X</u> Add               | <u>SV</u> | Sally Smith                          |               |
| Type of Action (Check One) | Title     | Name Address                         |               |
| 1) Change                  | <u>_b</u> | Arnaldo Jose Matas Nabel JR 5245 Red | (eca          |
| Add                        |           | Dr Apt 19                            |               |
| Remove                     |           | Fort Myers, FL 3                     | <u> 390</u> 7 |
| 2) Change                  |           |                                      |               |
| Add                        |           |                                      |               |
| Remove Change              |           |                                      |               |
| Add                        |           |                                      |               |
| Remove                     |           |                                      |               |
| 4) Change                  |           |                                      |               |
| Add                        |           | <del></del>                          |               |
| Remove                     |           | <del></del>                          |               |
| 5) Change                  |           |                                      |               |
| Add                        |           |                                      |               |
| Remove                     |           |                                      |               |
| 6) Change                  |           |                                      |               |
| Add                        |           | ·                                    |               |
| Remove                     |           |                                      |               |

| i<br>Name of the state of |                           |                           |          |
|--|---------------------------|---------------------------|----------|
| <ol> <li>If amending or adding additional Articl<br/>(Attach additional sheets, if necessary).</li> </ol>            | es, enter change(s) here  | <u>c</u> :                |          |
| (Attach additional sheets, if necessary).  | (пе specific)             |                           |          |
|  |                           |                           |          |
| <del></del>  | -                         |                           | - ·-     |
|  |                           |                           |          |
|  |                           |                           |          |
| <u> </u>   |                           |                           |          |
|  |                           |                           |          |
|  |                           |                           |          |
|  |                           |                           |          |
|  |                           | <del></del> -             |          |
|  |                           | <u> </u>                  |          |
|  |                           |                           |          |
|  |                           |                           | ***      |
|  |                           |                           |          |
|  |                           | <u> </u>                  | .,,      |
|  |                           |                           |          |
|  |                           |                           |          |
|  |                           |                           |          |
| <del></del>  |                           | <u> </u>                  |          |
|  | <del></del>               |                           |          |
|  |                           |                           |          |
| <del>-</del>   |                           |                           | <u> </u> |
|  |                           |                           |          |
|  |                           | <del></del>               |          |
|  |                           |                           |          |
| ···  |                           | <del></del>               | -        |
|  |                           |                           |          |
|  |                           |                           |          |
|  |                           |                           |          |
|  |                           |                           |          |
| F. If an amendment provides for an excha   | nge, reclassification, or | cancellation of issued si | nares,   |
| provisions for implementing the amen<br>(if not applicable, indicate N/A)  | iment if not contained    | in the amendment itself:  |          |
| (tj not appucable, indicale (V/A)  |                           |                           |          |
|  |                           |                           |          |
|  |                           |                           |          |
|  |                           |                           |          |
|  |                           |                           |          |
|  | <del></del> .             |                           |          |
|  |                           |                           |          |
|  |                           |                           |          |
|  |                           |                           |          |
|  |                           |                           |          |
|  |                           | <u> </u>                  | · ·      |
|  | ••                        |                           |          |
|  |                           |                           |          |

| The date of each amendment(s) ad late this document was signed.         | loption:   | , if other than the                               |
|---|--|---|
| Effective date if applicable:   |  |   |
| Effective date if appricable.   | (no more than 90 days after amendn   | ent file date)                                    |
| Note: If the date inserted in this blocument's effective date on the De | lock does not meet the applicable statutory filing partment of State's records.  | requirements, this date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |   |
| The amendment(s) was/were ado action was not required.                  | pted by the incorporators, or board of directors wi  | thout shareholder action and shareholder          |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su      | pted by the shareholders. The number of votes ca<br>fficient for approval.   | st for the amendment(s)                           |
|   | roved by the shareholders through voting groups. each voting group entitled to vote separately on to   |   |
| "The number of votes cast   | for the amendment(s) was/were sufficient for appr  | roval   |
| by  |  |   |
|   | (voting group)   |   |
| selected  | rector, president or other officer – if directors or of the by an incorporator – if in the hands of a received ed fiduciary by that fiduciary) |   |
|   | Arnaldo J. Matos Wata  | /JR   |
|   | (Typed or printed name of person sign  | ing)  |
|   | Ville of the   |   |
|   | (Title of person signing)  |   |