## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

(((H23000032165 3)))



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

Fron:

Account Name : MARKO & MAGOLNICK, P.A.

Account Number : I20050000186 Phone

: (305)285-2000

Fax Number

: (305)285-5555

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

Email Address:\_

Corporateservices@mm-pa.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **POTS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

To: 8506176380 From: 3052855555

(((H23000032165 3)))

## Articles of Amendment Articles of Incorporation of

Pois Corp	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P21000075710	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
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 "I	v". A professional-corporation name must contain the worth 📉 🕙
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	STER CONTRACTOR OF THE CONTRAC
	FEET 53
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	e address in Florida, enter the name of the dress:
Name of New Registered Agent	
· Clasi	ida street address)
(1710)	
New Registered Office Address:	, Florida (CIO) (Zip Code)
New Registered Agent's Signature, if changing Registered A	Sgent;
I hereby accept the appointment as registered agent. I am fami	tillar with and accept the obligations of the position.
Signature of A	New Registered Agent, if changing
Signature by A	топ подынной пдин, у спиндинд
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120	(11) (e), F.S.

From: 3052855555

(((H23000032165 3)))

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 und 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: XChange	PT	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sy</u>	Sally Smith	<b>202</b>
Type of Action (Check One)	Title	Name	Address 8725 Parkland Bay Dr
1) Change	D	CARVAJAL, FELIPE	,
Add			Parkland, FL 33076
X Remove			<u> </u>
2) Change			<u> </u>
Add			
Remove 3) Change			
Add		•	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change		_	
Add			
Remove			

From: 3052855555

(((H23000032165 3)))

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
Article IV is deleted in its entirety and replaced with the following language:	<del> </del>	
The number of shares the Corporation is authorized to issue is: 1000.		
	<del>-</del>	
		2
	$\sum_{i=1}^{N}$	2023
	7 7	2
	- <del> </del>	6
	<del></del>	<u>-</u>
	<u>حوائم</u> اتا	<del>.</del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A		
IVA	<del></del>	

1/26/2023 12:58:27 PM p. 5 of 6

To: 8506176380 From: 3052855555

	1)))	H23000032165 3)))
The date of each amendment(s) date this document was signed.	01/01/2022 adoption:	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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this date wide per partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without shareholder action an	
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	2023 JAN
must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):  st for the amendment(s) was/were sufficient for approval	JAN 26 AM 8: 43 ALLAHASSEE, FL
ьу	(voling group)	<b>5</b>
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)  Mariana Mata  (Typed or printed name of person signing)  President	
	(Title of person signing)	