P21000089564

(Re	questor's Name)	
(Ad	dress)	·
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DA)	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(D.	-:	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: INSUPLA S.A. IN	C				
DOCUMENT NUI	MBER: P21000089564			_		
The enclosed Articl	les of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	tter to the following:				
	LEYLA CHACON					
		Name of Contact Person	n			
	PROFESSIONAL SERVICE	S A&S, INC				
		Firm/ Company				
	12980 POSITANO CIR #107	• •				
	· · · · · · · · · · · · · · · · · · ·	Address				
	NAPLES, FL 34105					
City/ State and Zip Code						
	DBOCCCON ALGEBRACE	CACINICASCIANII COM				
	PROFESSIONALSERVICE:	sed for future annual report	notification)	-		
	is-mail address. (to be di	sed for future annual report	notification)			
For further informa	tion concerning this matter, plea	se call:		AVE. SAM	2022 HOV 15 AH 10: 07	en.
LEYLA CHACON		at (⁷⁸⁶	212-6833	副	<u> </u>	
Nan	ne of Contact Person	Агеа Со	de & Daytime Telephone N	umber-	 	;
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	- 역류 - 건설	H 10:	į
■ \$35 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)	产品	07	
Ā D P	Iailing Address Imendment Section Division of Corporations O. Box 6327 Division of Corporations	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8	310		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NSUPLA S.A, INC	1
(Name of Corporation as current	tly filed with the Florida Dept. of State)
21000089564	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
	The new
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 "P.A.	A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	7390 SW 107 AVE #2106
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33173
C. Enter new mailing address, if applicable:	7390 SW 107 AVE #2106 . ~
(Mailing address MAY BE A POST OFFICE BOX)	7390 SW 107 AVE #2100 03 28
	MIAMI, FL 33173
	5 5
). If amending the registered agent and/or registered office add	dross in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent	- 1 07
 	treet address)
(Florida si	
(Florida st	(City) , Florida (Zip Code)

Signature of New Registered Agent, if changing

Check if applicable

 \square 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= Trustce; 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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	P	JOSE G. HAFTSADI GARCIA	7390 SW 107 AVE #2106
Add			MIAMI, FL 33173
Remove			
2) X Change	VP	JOSE HAFTSADI	7390 SW 107 AVE #2106
Add			MIAMI, FL 33173
Remove 3) Change	VP	LEYLA CHACON	12980 POSITANO CIR #107
X Add			NAPLES, FL 34105
Remove			
4) Change	 		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
	
	· · · · · · · · · · · · · · · · · · ·
 	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Adoption of Amendment(s) $(\underline{C}$	CHECK ONE)	
The amendment(s) was/were adopted by th action was not required.	ne incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ie shareholders. The number of votes cast for the amendmen approval.	it(s)
	the shareholders through voting groups. The following states ag group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the am	nendment(s) was/were sufficient for approval	
by	15.	
(ve	oting group)	
Dated	Haltsadi Yarria.	
selected, by an in-	esident on other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other coary by that fiduciary)	
JOSE G. I	HAFTSADI GARCIA	
	(Typed or printed name of person signing)	
PRESIDE	ГИ	
	(Title of person signing)	