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.

(((H22000396760 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

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124 : (305)476-7100 Phone Fax Number : (305)476-7102

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

abazo@rascoklock.com Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MT VENTURES INC.

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

Electronic Filing Menu — Corporate Filing Menu

Help

TO: Amendment Section

Division of Corporations

From; Albis Rodrig

COVER LETTER

NAME OF CORPOR	ATION: MT VENTURES I	NC		
DOCUMENT NUMB				
	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:	:	
	ANDRES BAZO			
-		Name of Contact	Person	
1	RASCO KLOCK PEREZ NIE	ето		
•		Firm/ Compa	iny	
:	2555 PONCE DE LEON BLA	D SUITE 600		
-		Address		
	CORAL GABLES FL 33134			
•		City/ State and Zi	ip Code	
	ABAZO@RASCOKLOCK.C	'OM		
<u>-</u>	E-mail address: (to be us		report no	iification)
	E-man address. (10 de de	ed the future annual	report no	incation)
For further information	concerning this matter, pleas	e cali:		
ANDRES BAZO		at (4767100
Name o	Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florid	la D e partii	nent of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address Indment Section Ion of Corporations Box 6327 hassee, FL 32314	7 I 1	Division o The Cent	dress nt Section f Corporations re of Tallahassee Monroe Street, Suite 810

Taliahassee, FL 32303

From: Albis Rodrig

Articles of Amendment to Articles of Incorporation of

FILED 2022 NOV 21 AM 10: 35

MT VENTURES, INC.	SECRETARY OF STATE
(Name of Corporation	on as currently filed with the Florida Dept. of State) AHASSEF FI
P21000095021	
(Docum	ent Number of Corporation (if known)
·	• •
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable	;
(Principal office address MUST BE A STREET ADD	PRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)
(1.2411)	
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	
The second again and the second second	VIII.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing
_	, , , , , ,
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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: X Change	PT	John Doc	
<u>-</u>		- · - · - · - · · · · · · · · · · · · ·	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Nam e	Address
l) Change	<u>D</u>	CORREA, EDUARDO JAVIER	2555 PONCE DE LEON BLVD
Add			SUITE 600
X Remove			CORAL GABLES FL 33134
2) X Change	РТ	ETEROVIC BARREDA, FELIPE	2555 PONCE DE LEON BLVD
Add			SUITE 600
Remove 3) Change		·	CORAL GABLES FL 33134
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	n <mark>g or adding addit</mark> litional sheets, if ne	cessary). (Be s	specific)			
			•			·
		-				
	<u>-</u>					
						
		<u> </u>				_
				 		
· · · · · · · ·			<u></u>			
			_			
						
_						
 _						<u>. </u>
						 -
	idment provides (o s for implementing	or an exchange, g the amendmen te N/A)	reclassification, at if not contain	or cancellation o	f issued shares, tent itself:	
r an amen provisions (if not	t applicable, indica					
r an amen provision: (if not	t applicable, indica					
i an amen provision: (if not	t applicable, indica					
i an amen provision: (if not	t applicable, indica					
i an amen provision: (if not	t applicable, indica					
i an amen provision: (if not	t applicable, indica					
i an amen provisions (if not	t applicable, indica					
r an amen provision: (if not	applicable, indica					

From: Albis Rodrig

(Title of person signing)