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.

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| | Doing so will generate another cover sheet. | - t |
|-------------|---|-------------|
| To: | | . 84 |
| 10. | Division of Corporations | _ |
| | Fax Number : (850)617-6380 | |
| | | |
| From: | Account Name : ALEX PINA CO. | |
| | Account Number : 120190000095 | - |
| | Phone : (305)803-8471 | |
| | Fax Number : (305)602-3977 | |
| | client@alexpina.co | |
| Em. | ail Address: | |
| Em | ail Address: Cheffi@alexphila.co | |
| | COR AMND/RESTATE/CORRECT OR O/D RESIG | |
| | all Address: | |
| | COR AMND/RESTATE/CORRECT OR O/D RESIG | 2024 HAT 30 |
| E- | ail Address: Cheffit@alexpilla.co | |

A. RAMSEY MAY 31.2024

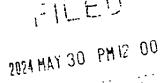
Electronic Filing Menu

Corporate Filing Menu

Help

To:

Articles of Amendment to Articles of Incorporation



| OLIMPICA ZULIA GRUPO SAR CORP | |
|---|--|
| (Name of Corporation as currently filed with the Flor | ida Dept. of State) |
| P22000021832 | |
| (Document Number of Corporation (if kno | wn) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corpo</i> its Articles of Incorporation: | prution 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," "company," or "incorporation," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation "chartered," "professional association," or the abbreviation "P.A." | porated" or the 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) | |
| D. If amending the registered agent and/or registered office address in Florida, entents new registered agent and/or the new registered office address: | r the name of the |
| Name of New Registered Agent | |
| (Florida street address) | |
| New Registered Office Address:(Cny) | . Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the o | bligations of the position. |
| Signature of New Registered Agent, if the | anging |
| 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)

Erample

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 | PT | <u>John Doc</u> | | |
|-------------------------------|--------------|-------------------|-------------|------------------|
| X Remove | <u>V</u> | Mike Jones | | |
| X Add | <u>SV</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s |
| 1) Change | VP | ADRIAN E RIOS GON | ZALEZ | 11498 NW 79TH LN |
| X Add | | | | |
| Remove | | | | DORAL, FL 33178 |
| 2) Change | | | | ··· |
| Add | | | | |
| Remove 3.1 Change | | | <u>.</u> | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

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From: Alex Pine

To:

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| date this document was signed. | option:, if other the |
|---|---|
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this document's effective date on the L | back does not meet the applicable statutory filing requirements, this date will not be listed coartment of State's (ecords. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were action was not required. | nted by the incorporators, or board of directors without shareholder action and shareholder |
| The amendment(s) was/were ac by the shareholders was/were s | oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval. |
| | |
| | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| must be separately provided fo | |
| must be separately provided for | or the amendment(s) was/were sufficient for approval |
| must be separately provided for | each voting group entitled to vote separately on the amendment(s): |
| must be separately provided for | or the amendment(s) was/were sufficient for approval |
| nust be separately provided for "The number of votes case by05/30/202 Dated | or the amendment(s) was/were sufficient for approval |
| must be separately provided for "The number of votes case by | or the amendment(s) was/were sufficient for approval |

(Typed or printed name of person signing)

(Title of person signing)

PRESIDENT

2024-05-30 22.02:39 GMT

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From: Alex Pine

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