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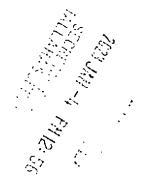
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ARIANNA ROJAS P.A.			
DOCUMENT NUMBER: \$22,0000 30 087			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ARIANNA ROJAS P.A. Firm/ Company 2561 NW 84TH AV APT 201			
Address			
MIAMI FL 33122 City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ACIANNA ROYAS at (786 784 8360 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Articles	of Amendment	
A miclae e	to of Incorporation	
Articles	of	
ARIANNA	ROJAS P.A.	
(Name of Corporation as cur	rently filed with the Flori	da Dept. of State)
P220000 30	0087	
(Document Num	ber of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corpor	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>	
ARIANNA C. ROAS 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"	n," "company," or "incorp ". A professional corpoi	orated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
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		the name of the
Name of New Registered Agent		
(Florie	da street address)	
No. Protect 1000 and		
New Registered Office Address:	(Ciny)	, 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 obligations of the position.

Signature of New Registered 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: X Change	<u>PT</u>	John Doc	
<u>X</u> Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add		/	
Remove			
2) Change			
Add			.
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6)Change			
Add			
Remove			

(Attach additional sheets, if	necessary). (Be specif	change(s) here:		
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 			•	
 If an amendment provides provisions for implement 	for an exchange, recla	ssification, or cancell	ation of issued share	<u>×.</u>
tif not applicable, indi	cate N/A)	ot contained in the a	mengment usen.	
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
				

The date of each amendment(s) ado	option:	, if other than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file	deta'
	(no more than 90 days after amenament file	aaie)
Note: If the date inserted in this blo- document's effective date on the Depa	ck does not meet the applicable statutory filing require artment of State's records.	ments, this date will not be listed as tr
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without sh	archolder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for th ficient for approval.	e amendment(s)
	oved by the shareholders through voting groups. The fol- ach voting group entitled to vote separately on the amen	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
selected,	2022 Ricana Pools ector president or other officer- If directors or officers to by an incorporator – if in the hands of a receiver, trusteed fiduciary by that fiduciary)	
	ADIALLIA ROJAS	
-	(Typed or printed name of person signing)	