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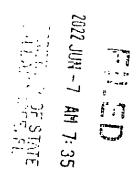
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A. BUTLER AUG 2 3 2022

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION:	MAINTREE CORP		
DOCUMENT NUMBE	P22000030144			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondence	ondence concerning this ma	tter to the following:		
		ARIADNA OJEDA		
	Name of Contact Person			
	AYUDA CENTER			
	Firm/ Company			
	8230 CORAL WAY			
_	Address			
	MIAMI. FL 33155			
_		City/ State and Zip Code	C	
	AOJEI	DA@AYUDACENTER.CO	DM .	
_	E-mail address: (to be us	sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
ARIADNA OJEDA		at (971-5232	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	artment of State:	
■ \$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)	
Amend Divisio	g Address Iment Section on of Corporations ox 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

Articles of Amendment to Articles of Incorporation of

2022 JUN -7 AM 7: 35

""ANT Y E / DE OTATE

	MAINTREE CORP	ATTARASSEC EL
(Name of Corporation	as currently filed with the	
	P22000030144	
(Document	t Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this <i>Florida Profit</i> (Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp.	oration:	
		The new
name must be distinguishable and contain the word "corpe "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	r "Co". A professional	incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></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 address in Florida	enter the name of the
new registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent		
•		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
Nam Designation of America States of the Control of		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I ar		the obligations of the position.
	•	, , ,
Signatur	e 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.

X Change	<u>PT</u>	John Doe	
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	S	ROBERTO VARGAS PALMA	3732 OAK RIDGE LANE
Add			WESTON, FL 33331
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	05/09/2022	
The date of each amendment(s) adoption this document was signed.	otion:	, if other than the
Effective date if applicable:	05/09/2022	
Effective date i <u>i applicable</u> :	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing r rtment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice.	ed by the shareholders. The number of votes east cient for approval.	for the amendment(s)
must be separately provided for ea	ved by the shareholders through voting groups. It ch voting group entitled to vote separately on the the amendment(s) was/were sufficient for appro-	amendment(s):
by		**
	(voting group)	
DatedSignature(Ry a direct	19 202,2 Uficusof etor, president or other officer - if directors or off	
selected, b	etor, president or other officer – If directors or officer, if in the hands of a receiver, if iduciary by that fiduciary)	
	DIONISIO GARCIA FLUXA	
_	(Typed or printed name of person signin	g)
	PRESIDENT	

(Title of person signing)

. . .