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.

(((H220003331283)))



H220003331283ABCY

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 : AIMET ARENAS Account Number : I20220000138 Phone : (786)239-9353 Fax Number : (305)675-8465

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

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN 911 CORP

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

A. RAMSEY SEP 28 2022

NECEIVED SP 27 M7 850-617-6381

9/26/2022 11:52:54 AM PAGE 1/001 Fax Server



September 26, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

911 CORP 1516 PONCE DE LEON BLVD CORAL GABLES, FL 33134

SUBJECT: 911 CORP REF: P22000030639

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any further questions concerning your document, please call (850) 245-6939.

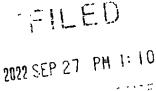
Catherine M Brumbley Regulatory Specialist III Internet Support FAX Aud. #: H220003305B1 Letter Number: 622A00021401

ス国のFIVEの SP 27 2.7

COVER LETTER

TO: Amendment Sect Division of Corpo			
NAME OF CORPOR	RATION: 911 CORP		
DOCUMENT NUMBER: P22000030639			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MARIO JIMENEZ		
		Name of Contact Person	1
	911 CORP		
	. <u> </u>	Firm/ Company	
	1516 PONCE DE LEON BLY	• •	
		Address	
	CORAL GABLES, FL 33134	l.	
		City/ State and Zip Code	
	AIMET@EXPRESSTAXSV	CS.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MARIO JIMENEZ		786 at (585-6689
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio The Co 2415?	Address ment Section n of Corporations entre of Tallahassee 3. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of



911 CORP (Name of Corporation as currently filed with the Florida Dept. of State) P22000030639 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." 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, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , 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 = Chairmah 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 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	VP	CRISTIAN LOPEZ	698 NE IST AVE
Add			MIAMI, FL 33132
X Remove			
2) Change			· · · · ·
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
		 -		
				
	·			·
			-	
				_ _
				
· · · · · · · · · · · · · · · · · · ·				
				,
f an amendment provides for an exch	ange, reclassification	on, or cancellation	of issued shares	Ŀ
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ined in the amen	dment itself:	
,				
		<u>.</u> .		
		·		
		<u>.</u>		
				

Page: 8 of 8

2022-09-27 14:40:41 GMT

13056758465

From: Aimet Arenas

The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
09/23/202 Dated	
Signature	irector, president or other officer – if directors or officers have not been
selecti	irector, president or other officer – if directors or officers have not been ad, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	MARIO JIMENES
	(Title of person signing)