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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ACLZ Enterprises Inc.

DOCUMENT NUMBER: P22000030734 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Donovan Santamaria

Name of Contact Person

ACLZ Enterprises Inc.

Firm/ Company

2217 Blows Grove Cir

Address

Delvay Beach FL 33445

City/ State and Zip Code Santamaria 4 @ gmail. com E-mail address: (to be used for futbed annual report notification) For further information concerning this matter, please call: 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: \$52.50 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

2022 SEP 21 /M 8: 36

ACLZ Enterprises I	nc.			
ACLZ Enterprises I	on as currently fil	ed with the Flori	da Dept. of State)	. '
P22000030734				•
(Docum	nent Number of Co	rporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Flor</i>	rida Profit Corpor	ation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
\mathcal{N}/\mathcal{A}				The new
name must be distinguishable and contain the word "co". "Inc.," or Co.," or the designation "Corp," "Inc.," chartered," "professional association," or the abbre	" or "Co". A pri			eviation "Corp.,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL	E DRESS)	2217 Delvey	Bloods G Beach Fi	rove Cir L 33445
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- <u>DX</u>)	2217 B	Bloods Gra Beach Fl	ove Cir 33445
D. If amending the registered agent and/or register new registered agent and/or the new registered		in Florida, enter	the name of the	
Name of New Registered Agent A	τ			
	(Florida street a	ddress)		
New Registered Office Address: \(\mathcal{D} \seta \mathcal{A}			, Florida	
, ten regime en opper rimitem.	(City	v)	, , , , , , , , , , , , , , , , ,	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with	and accept the ob	ligations of the pos	ition.
N/A	ature of New Regist			
Signo	ature of New Regist	tered Agent, if cha	inging	

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)

Example:

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>	Name	Address
1) <u> </u>	<u> </u>	Arbrey Santamarja	2217 Bloods Grove Cir
Add		,	Delrey Beach FL 33445
Remove 2) Add	<u>V</u>	Donovan Santamaria Blanche	nd 2017 Bloods Grove Cin Delray Beach FL 33445
Remove 3) Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add		_	
Remove			

Change Pertnership 'lZemove Colin Olander 'Current Partners: Aubrey Santamaria - 519 Donovan Santamaria Blunch	10 end - 49
· Cornent Partners:	6 end - 49
· Cornent Partners:	6 end - 49
· Aubrey Santamaria - 519 · Donovan Santamaria Blunch	6 end - 49
· Donovan Santamaria Blunch	end - 49
· Donoven Santamaria Blunch	end - 49
<u> </u>	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
_ <i>\mathcal{N}</i>	

• .

The date of each amendment(s) adoption:	, if other than the
9/21/22	
Effective date if applicable: // / / / / / / / / / / / / / / / / /	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	rotes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient to	for approval
by	
(voting group)	
Dated 9/21/22	
Signature	
(By a director, president or other-officer – if directors selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	
Donovan Santaz (Typed or printed name of person	ucaria.
(Typed or printed name of person	on signing)
Vice President	
(Title of person signing)	