P22-00033484

(Req	uestor's Name)		
(Add	ress)		
bbA)	ress)		
(City	/State/Zip/Phone	? #)	
		MAIL	
(Bus	iness Entity Na n	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
J. HORNE APR 19 2024			



03/26/24--01025--012 **35.00



Office Use Only



TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MAIA ENTERPRISES INC	

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The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Sonia Becerra	
·	Name of Contact Person	
	Swyft Filings	
	Firm/ Company	
	3 Greenway Plaza #1320	
	Address	
	Houston, TX 77046	
	City/ State and Zip Code	

maiaenterprisesinc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

So	nia Becerra	877 at (777-0450
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
🕱 \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

	to Articles of Incorporation of	2024 MAR 25 PM 4:05
ΜΑΙ	MAIA ENTERPRISES INC	
(<u>Name of Corporat</u>	ion as currently filed with the Florida	a Dept. of State)
	P22000033484	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s)
 If amending name, enter the new name of the c 	orporation:	
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association." or the abbre	" or "Co". A professional corporat	The new rated" or the abbreviation "Corp ," tion name must contain the word
B. Enter new principal office address, if applicable	2729 State Ro	ad 580
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		. 33761
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BC</u>	2729 State R Clearwater,	
D. <u>If amending the registered agent and/or registened agent and/or the new registered</u>	ered office address in Florida, enter t l office address:	he name of the
Name of New Registered Agent		
	— <u> </u>	*****
	(Florida street address)	
<u>New Registered Office Address</u> :	(City)	, Florida (Zıp Code)
New Registered Agent's Signature, if changing Registered agent.	<u>gistered Agent:</u> I am familiar with and accept the obli	gations of the position.
Χ		

Articles of Amendment

FILED

Signature of New Registered Agent, if changing

Check if applicable

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The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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:

Example: X Change	<u>t T9</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> s	ally Smith	
<u>Type of Action</u> (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			<u> </u>
Remove			<u> </u>
2) Change			
Add			
Remove			
Add			
Remove			
4) Change		<u>_</u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

· .

(Attach additional sheets, if necessary). (Be specific)

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F. 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)

The date of each amendment(s) adoption:	01/09/2024	
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

- □ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- □ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

⊎у __ (voting group) Dated Signature By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) Title of person signing)