P22 000034043

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(City/State/Zip/Phone #)		
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2022 HAY 27 AM II: 51

P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: 1845 5PLEX CORP DOCUMENT NUMBER: P22000034043 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROXANA E VALVERDE Name of Contact Person ES OUANTUM PROPERTY MANAGEMENT Firm/ Company 8200 NW 41ST ST SUITE 200 Address DORAL FL 33166 City/ State and Zip Code roxanabsb89@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 360-9323

Area Code & Daytime Telephone Number roxana e valverde Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fcc & **\$**35 Filing Fee □\$43.75 Filing Fcc & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

FILED
2022 MAY 27
2022 MAY 27 AM 11:55

0	ncorporation 2022 Here
	of 2022 MAY 27 AM 11:52
(Name of Corporation as curren	tly filed with the Florida Dept. of State
	SEE TO THE
(Document Number	of Corporation (if known)
suant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
	The new
ne must be distinguishable and contain the word "corporation," 'c.," or Co.," or the designation "Corp," "Inc," or "Co", nartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
Enter new principal office address, if applicable:	8200 NW 41st St Suite 200
incipal office address <u>MUST BE A STREET ADDRESS</u>)	Doral FL 33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8200 NW 41st St Suite 200
	Doral FL 33166
If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
17 C17 D C 14 .	
Name of New Registered Agent	
Name of New Registered Agent	
***	street address)
***	(City) (Zip Code)

Check if applicable

☐ 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)

Add

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 X Remove Mike Jones X Add SVSally Smith Address Type of Action <u>Title</u> **Name** (Check One) 3785 NW 82 AVE SUITE 211 VΡ Dagmara Dominguez 1) ____ Change **DORAL FL 33166** Add Remove Dauge Morales 2) ____ Change Add 545 NW 10TH ST Remove Yainer Valverde 3) ____ Change HOMESTEAD FL 33030 ____ Add Remove Roxana E Valverde 545 NW 10TH ST **PST** __ Change HOMESTEAD FL 33030 ___ Add Remove Eleonora Sebos 8200 NW 41ST ST SUITE 200 5) X _ Change **DORAL FL 33166** __ Add Remove Change

	(Be specific)
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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DocuSign Envelope ID: E9881FEC-6813-4956-AF54-1CF1EC0C89FB

The date of each amendment(s) at date this document was signed.	option:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amend	dment file date)
Note: If the date inserted in this bi document's effective date on the De	ock does not meet the applicable statutory fili partment of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes ficient for approval.	cast for the amendment(s)
	roved by the shareholders through voting group each voting group entitled to vote separately on	
"The number of votes cast	or the amendment(s) was/were sufficient for ap	pproval
by		"
	(voting group)	
13/05/20 Dated	DocuSigned by:	
Signature	34CEB49A42E6462	
(By a di selected	ector, president or other officer – if directors of by an incorporator – if in the hands of a received fiduciary by that fiduciary)	
	YAINER VALVERDE	
•	(Typed or printed name of person sig	gning)
	PRESIDENT	
	(Title of person signing)	* ************************************