P220000 41484

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TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: PS & SZ CORP			
DOCUMENT NU	MBER: P22000041484			
	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	теspondence concerning this ma	itter to the following:		
	BORIS A. PLAZA SILVA			
		Name of Contact Person	1	
	T	boebPlaza		
		Firm/ Company		
	19355 NE 10TH AVE APT	202		
		Address		
	MIAMI, FL. 33179			
		City/ State and Zip Code	2	
	boplaza@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	200
For further information	tion concerning this matter, plea	se call:		2022 JUL 16
BORIS A. PLAZA	SILVA	786	92367989	
Nam	ne of Contact Person	Area Co	de & Daytime Telephone Nu	mber
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	mber 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
\$35 Filing Fee	☐\$43.75 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 is enclosed)	ر ^{بن} - ۱
	Lailing Address mendment Section		Address ment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PS & SZ CORP	
(Name of Corporation as of	currently filed with the Florida Dept. of State)
P22000041484	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
N/A	The new
	ttion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word n "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>
	- 2 - 2
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	g address, if applicable: MAY BE A POST OFFICE BOX)
	<u></u>
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
, tent of tent in the tent in	
	Florida street address)
No. Domingon J. Office Chianna	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
Signature o	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)

Example:

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.

X Change <u>PT</u> John Doc X Remove V Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) ISABEL M, PLAZA SILVA 19355 NE 10TH AVE APT 202 1) ____ Change MIAMI, FL. 33179 Add ___ Remove BORIS A. PLAZA SILVA 19355 NE 10TH AVE APT 202 2) ____ Change MIAMI, FL, 33179 ____ Add Remove __ Change ____ Add __ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add Remove 6) ____ Change

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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If an amandment anguidag for an analy				
If an amendment provides for an excha- provisions for implementing the amen	ange, reciassification, or ca	ncellation of issued sha	ares,	
(if not applicable, indicate N/A)	idinent if not contained in t	ne amendment itsen:		
A				
· · · · · · · · · · · · · · · · · · ·				
	-	**		
				
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			- <u>-</u>	
				

	07/02/2022	
The date of each amendment		, if other than the
date this document was signed	.06/03/2022	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this dance Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(stre sufficient for approval.	;)
	e approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nt
	cast for the amendment(s) was/were sufficient for approval	
by	n	
	(voting group)	
06/03/2 Dated	2022	
Signature	BoxoPaza	
sel	 a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) 	
	BORIS A. PLAZA SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	