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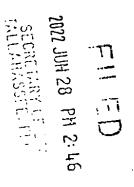
(R	equestor's Name)		
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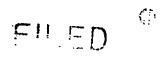
TO: Amendment Section Division of Corporations NAME OF CORPORATION: PARTY DETAILS BY KETTY INC DOCUMENT NUMBER: P22000047222 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN H CORRALES MARIN Name of Contact Person PARTY DETAILS BY KETTY INC Firm/ Company 14241 SW 126TH PATH Address MIAMI, FL 33186 City/ State and Zip Code INFO@IMTAXADVISORS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOHN H CORRALES MARIN Name of Contact Person 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 & **I** \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address

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



PARTY DETAILS BY KETTY INC

2022 JUH 28 PM 2: 46

22000047222	n poration as vaires	tly filed with the Florida De	pror state is a resolution of the
• •			FALLAHASSEE. FO
	(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607.1006 s Articles of Incorporation:	ó, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendment(s)
. If amending name, enter the new name	of the corporation:		
I/A			The new
ame must be distinguishable and contain the lnc.," or Co.," or the designation "Corp. chartered," "professional association," or t	" "Inc," or "Co".	A professional corporation	" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if applicable:		N/A	
Principal office address MUST BE A STRE			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
	- · · · · · · · · · · · · · · · · · · ·	<u></u>	
). If amending the registered agent and/or	r registered office ad	dress in Florida, enter the n	ame of the
new registered agent and/or the new re			
Name of New Registered Agent	JOHN H CORRALES MAR		
	241 SW 126TH PAT		
		street address)	
		areer tittaressy	33186
MIA	******		. Florida
New Registered Office Address:		(City)	(Zip Code)

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	\underline{V}	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	Р	ENRIQUETA RODRIGUEZ ACOS	14241 SW 126TH PATH	
Add			MIAMI FL 33186 US	
X Remove				
2) Change	Р	JOHN H CORRALES MARIN	14241 SW 126TH PATH	
X Add			MIAMI FL 33186 US	
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

N/A	ional sheets, if ne	, , , , , , , , , , , , , , , , , , ,	• • •				
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F. If an amend	ment provides for implementing	or an exchange, a the amendme	<u>reclassification</u> nt if not contai	<u>1, or cancellatio</u> ned in the amen	n of issued sha dment itself:	res.	
(if not a	ipplicable, indica	te N/A)					
N/A							
				_	 -		
							
	_						

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's record	plicable statutory filing requirements, this date will not be listed as s.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was were adopted by the incorporators, action was not required.	or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was	were sufficient for approval
by	
(voting group)	
0/ 00 00	
Dated <u>06 20 22</u>	
Signature Lud',	
(By a director, president or other of	officer – if directors or officers have not been the hands of a receiver, trustee, or other court ary)
Typed or prin	H Conales Morin ed name of person signing)
RT 0	sicleut
(Title of person	signing)

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