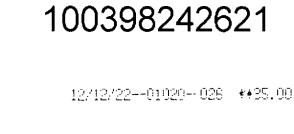
P22000057031

(₭€	equestor's Name)			
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
HORNE				
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J. HORNE MAR - 2 2023				

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BUSINESS AND LOGISTIC JML DOCUMENT NUMBER: P22000057031 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JORGE BLANCO Name of Contact Person ANALITIKA BUSINESS CONSULTING CORP Firm/ Company 19790 W DIXIE HWY, SUITE 1001 Address AVENTURA, FL 33180 City/ State and Zip Code analitikabusinessconsultingcorp@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (786 _____) 8183848 _____ Area Code & Daytime Telephone Number Jorge Blanco Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is

enclosed)

Mailing Address

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

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

(Additional Copy

is enclosed)

Articles of Amendment Articles of Incorporation of



(Name o	of Corporation as currer	ntly filed with the Florida Dept. of State)
P22000057031		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	.orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		N/A
	nd/or registered office ac w registered office addro	ddress in Florida, enter the name of the
new registered agent and/or the nev		
-	N/A	
Name of New Registered Agent		
-	N/A	street address)
•	N/A	street address)

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)

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 Doe		
X Remove	<u>V</u>	Mike Jones	1	
X Add	<u>sv</u>	Sally Smith	<u>1</u>	
Type of Action (Check One)	<u>Title</u>	<u>N:</u>	am <u>e</u>	<u>Addres</u> s
1) Change	S	J(,	DRGE II BLANCO M	21111 NW 14TH PL
Add				UNIT 533 MAJORCA ISLES 2
X Remove				MIAMI GARDENS, FL 33169
2) Change	 _			
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) N/A	
N/A	
N/A	
N/A	
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) N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
N/A N/A	

DocuSign Envelope ID: B21170A0-15D0-4F37-A2B7-AB93B6BCB3D3 date this document was signed. Effective date if applicable: (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 (voting group) 11/15/2022 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) MARIO RUBIO (Typed or printed name of person signing)

(Title of person signing)

PRESIDENT