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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: 5924/5926 NW 5 ST, CORP DOCUMENT NUMBER: P22000057571 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEFANIE AMENEDO Name of Contact Person Firm/ Company P.O. Box 441707 Address Miami, Florida 33144 City/ State and Zip Code ESTEFITA@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 303-0333
Area Code & Daytime Telephone Number Stefanie Amenedo Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fce ☐\$43.75 Filing Fcc & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

5924/5926 NW 5 ST, CORP	to the state of the Dead of	.f. 54-4-1
(<u>Name of Corporation as current</u>	ly lifed with the Florida Dept. o	i State)
P22000057571		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adog	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
5924/5926 NW 5 AVE, CORP	<u> </u>	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation nar	r the abbreviation "Corp.," ne-must-contain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·: 2
		723
		- P
C. Enter new mailing address, if applicable:	P.O. BOX 441707	
(Mailing address MAY BE A POST OFFICE BOX)		<u> ω</u> :
	Miami Floirda 33144	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	ddress in Florida, enter the nar	ne of the
new registered agent and/or the new registered office addi	<u> </u>	
Name of New Registered Agent		
(Florida	a street address)	
New Registered Office Address:		Florida
	(Ciṇ)	(Zip Code)
and the second s		
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil	<u>tent:</u> iar with and accept the obligation	ons of the position.
Signature of Ne	w 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:

Please note the officer/director title by the first letter of the office title:

P = President; Y = 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	<u>r</u>	STEFANIE AMENEDO	P.O. Box 441707
Add			MIAMI FLORIDA 33144
Remove			
2) Change			_
Add			
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here Attach additional sheets, it necessary — the specifics	
	
	
	. <u>.</u>
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)	
· · · · · · · · · · · · · · · · · · ·	
	·

	03/27/2023	والمراجعة المراجعة ا
The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	ile dates
	me more man su days after amenament y	ac bailt,
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requ partment of State's records.	rirements, 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 withou	t shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for ifficient for approval.	r the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	fallowing statement nendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		**
•	(voting group)	
Dated		•
	Stolania Chinan	
Signature	irector, president or other officer - if directors or office	ers have not been
selected	d, by an incorporator - if in the hands of a receiver, tru	stee, or other court
appoint	ted fiduciary by that fiduciary)	
	Statania Amena	ed o
	(Typed or printed name of person signing)	
	(1) fied of fittined name of person arguings	
	Prosident_	
	(Title of person signing)	