12/

177



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000417983 3)))



H230004179833ABC4:

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: HADAS ACCOUNTING AND TAX SERVICES

Account Number : I20170000018

: (305)222-2289

Phone

: (305)221-3810

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: Nedes

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SCT USA INC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BLANCA L LACAYO Name of Contact Person HADAS ACCOUNTING & TAX SERVICES INC Firm/ Company 210 SW 107TH AVE Address MIAMI FL 33174 City/ State and Zip Code hadastaxeservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Blanca L Lacayo Name of Contact Person Area Code & Daytime Telephone Number 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of Stata)  P22000059884  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the dasignation "Corp.," "Inc.," or "Co.", A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered Agent and/or the new registered office address:    Name of New Registered Agent*   MIAMI   Plorida	SCT USA INC					
(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendmen its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)  MIAMI, FL 33174  C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  MIAMI, FL 33174  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  HADAS ACCOUNTING & TAX SERVICES INC  210 SW 107TH AVE  (Florida street address)  MIAMI  (City)  New Registered Agent Signature, If changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(Name	of Corporation as curren	tly filed with the Florida Dep	ot. of State)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendmen its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)  MIAMI, FL 33174  C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  MIAMI, FL 33174  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered Agent and/or the new registered office address:  Name of New Registered Agent  HADAS ACCOUNTING & TAX SERVICES INC  210 SW 107TH AVE  (City)  MIAMI  Florida 33174  (City)  New Registered Office Address:  MIAMI  New Registered Office Address:  MIAMI  (City)  New Registered Agent's Signature, if changing Registered Agent:  (Applications of the position.	P22000059884					
its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)  MIAMI, FL 33174  C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  HADAS ACCOUNTING & TAX SERVICES INC  210 SW 107TH AVE  (Florida street address)  New Registered Office Address:  MIAMI FL 33174  (City)  (City)  (City)  (City)  (City)  New Registered Agent as registered agent. I am familiar with and accept the obligations of the position.		(Document Number	of Corporation (if known)			
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  MIAMI, FL 33174  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  HADAS ACCOUNTING & TAX SERVICES INC  210 SW 107TH AVE  (Florida street address)  MIAMI  (City)  New Registered Agent's Signature, if changing Registered Agent: (Applicables of the position.)  New Registered Agent's Signature, if changing Registered Agent: (Applicables of the position.)		.1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following an	nendmei	nt(s) to
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  HADAS ACCOUNTING & TAX SERVICES INC  210 SW 107TH AVE  (Florida street address)  MIAMI  New Registered Office Address:  MIAMI  (City)  New Registered Agent's Signature, if changing Registered Agent: (City)  New Registered Agent's Signature, if changing Registered Agent: (Amendia accept the obligations of the position.	A. If amending name, enter the new n	ame of the corporation:		. mt		
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)  MIAMI, FL 33174  C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  HADAS ACCOUNTING & TAX SERVICES INC  210 SW 107TH AVE  (Florida street address)  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent: (hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	"Inc.," or Co.," or the designation "(	Corp." "Inc," or "Co".	A professional corporation i	or the abbreviation "(	Corp.," e word	
(Principal office address MUST BE A STREET ADDRESS)  MIAMI, FL 33174  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  MIAMI, FL 33174  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  HADAS ACCOUNTING & TAX SERVICES INC  210 SW 107TH AVE  (Florida street address)  New Registered Office Address:  MIAMI  (City)  New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				;-·	23 DE	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent    MADAS ACCOUNTING & TAX SERVICES INC			MIAMI, FL 33174	200	<u>-</u>	2 g ≪Tune GTacker
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  MIAMI, PL 33174  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent				1/2 - 1/2 -	77	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent			210 SW 107TH AVE	1.1	بې	J
Name of New Registered Agent  HADAS ACCOUNTING & TAX SERVICES INC  210 SW 107TH AVE  (Florida street address)  New Registered Office Address:  (City)  New Registered Agent's Signature, if changing Registered Agent: (hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	,		MIAMI, PL 33174		7	
New Registered Office Address:    MIAMI   Florida   33174   (City)   (Zip Code)	new registered agent and/or the ne-	w registered office addres	<u>I:</u>	me of the	<del></del> ,	
New Registered Office Address:  (City)  New Registered Agent's Signature, if changing Registered Agent: (hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	<u> </u>	210 SW 107TH AVE		- · · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:  (City)  (City)  New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(Florida st	rees address)			
(City) (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:  (hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Office Address:	MIAMI		, Florida 33174		
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			(CID)	(Zip Code)		
Signature of New Registered Agent, of changing	New Registered Agent's Signature, if c hereby accept the appointment as regist	ered agent. I am familiar	t: with and accept the obligation	(Zip Code)		
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	Theck if applicable					

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	PT	John Doe	
X Remove	Y	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address ~
1) Change	<del></del>		2023 DEC
Add			0.00
Remove			17
2) Change			WE ARE
Add			9:57 FL
Remove 3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

		(Be specific)			•		
				<u>.</u>			
						•	
			<del></del>				
			_				
•		12.					
<del></del>			<del></del> :	·	<u> </u>		
			···				
	•						25
	•					- <u> </u>	3
						<u> </u>	- 몸
						<u> </u>	ı
						SS	_
						<u> </u>	<u> </u>
	<del></del>						ڥ
						7-122	57
	-		•				
·····-		. <del></del>					
				•			
an amendment pr	ovides for an exc	hange, reclassifica	tion, or cancella	tion of issued sh	ārės,		
rovisions for imple	ementing the amo	hange, reclassifica endment if not cor	tion, or cancella	tion of issued sh tendment itself:	āres,		
rovisions for imple	ovides for an exc ementing the am e, indicate N/A)	hange, reclassifica endment if not cor	tion, or cancella	tion of issued sh tendment itself:	ārės,		
rovisions for imple	ementing the amo	hange, reclassifica endment if not cor	tion, or cancella tained in the an	tion of issued sh tendment itself:	<u> </u>		
rovisions for imple	ementing the amo	hange, reclassifica endment if not cor	tion, or cancella	tion of issued sh tendment itself:	áres,	<u> </u>	
rovisions for imple	ementing the amo	hange, reclassifica endment if not cor	tion, or cancella tained in the an	tion of issued sh tendment itself:	ares,	·	
rovisions for imple	ementing the amo	hange, reclassifica endment if not cor	tion, or cancella tained in the an	tion of issued sh tendment itself:	âres,	· .	
rovisions for imple	ementing the amo	hange, reclassifics endment if not cor	tion, or cancella	tion of issued sh tendment itself:	àres,	· _	
an amendment pr rovisions for imple (If not applicabl	ementing the amo	hange, reclassifica endment if not cor	tion, or cancella	tion of issued sh nendment itself:	àres,	·	
rovisions for imple	ementing the amo	hange, reclassifics endment if not cor	tion, or cancella	tion of issued sh nendment itself:	àres,		
rovisions for imple	ementing the amo	hange, reclassifica endment if not cor	tion, or cancella	tion of issued sh nendment itself:	àrès,		

The date of each amendment(s) adoption:	, if other than th
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 document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	202
☐ 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):	3DEC -
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(vottng group)	
Dated 12 03 2023	
	•
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)	··
Julian Ocampo Vasquez	≠
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	