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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: \_\_\_ DOCUMENT NUMBER: P22000065625 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 2074 Street Swite 300 Address For further information concerning this matter, please call: at ( 305 ) 290 - 1999

Area Code & Daytime Telephone Number Alejandua (4FFO
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

TO: Amendment 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

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(Name of Corporation as current)	y filed with the Florida Dept. of State)
P22000065625	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this atts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.,"  1 professional corporation name must contain the word  .
B. Enter new principal office address, if applicable:	. 2
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	8
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u> </u>
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent Alejandra R	Affo
JOOR AT TO	745treet Suite 300
(Florida str	peet address)
Annal	77,00
New Registered Office Address:	(City) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar w	with and accept the onligations of the position.
	rall
Signature of New R	egistered them, if changing
Signature of New R	egstered gent, 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)

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action	Title	<u>Name</u>	<u>Addres</u> s
(Check One)  1) Change	P	NATALIO P GOLDSTEIN	2980 NE 207 ST. SUITE 300
Add			AVENTURA, FL 33180
X Remove			
2) Change	P	Alejandra RAFFO	2980 NE 207 ST. SUITE 300
X Add		3	AVENTURA, FL 33180
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NIA	
<del></del>	
- <del></del>	
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)	
(if not applicable, indicate N/A)  NA.	
· · · · · · · · · · · · · · · · · · ·	
	<del></del>

And the second second

The date of each amendment(s) add	option: Novame	En 12, 2024	, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more than 90 days	s after amendment file date)	
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep		statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board	of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	-	aber of votes cast for the amendment(s)	
	oved by the shareholders through each voting group entitled to vote s	voting groups. The following statemen separately on the amendment(s):	t
"The number of votes cast for	or the amendment(s) was/were suf	ficient for approval	
bv	(voting group)	···	
	(voting group)		
Dated	WENDER 12, 200	<u></u> \(\frac{1}{2}\)	
- Signature	NaM		
(By a dir	ector, president or other officer - i	if directors or officers have not been ds of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	ds of a receiver, trustee, of other court	
_	Alejandra RAF	FO	
	(Typed or printed name	of person signing)	
	Resident		
-	(Title of person signing	)	-