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COVER LETTER

*TO: Amendment Section
Division of Corporations

	RPORATION: MAIDENSOF CO				
DOCUMENT N	TUMBER: P22000067651				
The enclosed Ar	ticles of Amendment and fee are su	abmitted for filing.			
Please return all	correspondence concerning this ma	atter to the following:			
	MAIRA E OLIVEROS DE I	LA CRUZ			
	Name of Contact Person				
	MAIDENSOF CORP				
		Firm/ Company			
	180 E CEDARWOOD CIR				
	<u> </u>	Address			
	KISSIMMEE, FLORIDA 34	1743			
		City/ State and Zip Cod	e		
	E-mail address: (to be u	sed for future annual report	notification)		
		•			
For further infor	mation concerning this matter, plea	se call:			
MAIRA E OLIV	EROS DE LA CRUZ	at (³⁰⁵	399-7208		
N	ame of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:		
Enclosed is a che		payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)			

Articles of Amendment to Articles of Incorporation of

FILED

MAIDENSOF CORP

2022 OCT 14 PH 5: 27

(Name of Corporation as currently	filed with the Florida Dept. of State
P22000067651	TALLAHASSEE ATE
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its 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."	ompany, "or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	. <u></u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	· · · · · · · · · · · · · · · · · · ·
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 addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	Ciny (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and arount the obligations of the movition
тесску автрине аруштинен ал гедімелей адені. Татқатта ж	ан ана иххер те отодиноня ој те рамион.
Signature of New Re	gistered Agent, if changing

Check if applicable

 \square 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 (Check One)	<u>Title</u>	Name	Address
1) Change	VP	DENISSE B GOMEZ OLIVEROS	180 E CEDARWOOD CIR
Add			KISSIMMEE, FL 34743
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change	-		
Add			
Remove			

	adding additional A al sheets, if necessary	e). (Be specific)				
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an amendme	nt provides for an e	vchange reclassific	cation or cancell	ation of issued	chares	
rovisions for	implementing the a	mendment if not c	ontained in the a	mendment itsel	<u>f:</u>	
(if not appl	licable, indicate N/A)				_	
	 _					
						
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					···	·

	10/05/2022	•
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	0/05/2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amosufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendmen	
"The number of votes co	st for the amendment(s) was/were sufficient for approval	
by		
, 	(voting group)	
Dated	<u></u>	
tHy/c setec	director, president or other officer - if directors or officers have reted, by an incorporator - if in the hands of a receiver, trustee, or o inted fiduciary by that fiduciary)	ot been ther court
	MAIRA E OLIVEROS DE LA CRUZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	