P22000071158

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TALLAHASSET, FL

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COVER LETTER

Division of Corp				
NAME OF CORPO	RATION: 2227 SW 2 TER, CO	סאף		
DOCUMENT NUM	P2200007115S			
	s of Amendment and fee are sub-	mitted for filing.		
	espondence concerning this matt			
Picase return an com	espondence concerning any man	er to the following.		
	STEFANIE AMENEDO	<u></u>		
		Name of Contact Person		
		Firm! Company		
	P.O. Box 441707			
		Address		
	Miami, Florida 33144			S
		City/ State and Zip Code		. [17]
	ESTEFITA@AOL.COM			TALL/
	E-mail address: (to be us	ed for future annual report	notification)	AH IS
For further informati	on concerning this matter, pleas	se call:		YOF S
Stefanie Amenedo		at (305	_) 303-0333	_P \(\frac{1}{2} \)
Name	of Contact Person	Area Co	de & Daytime Telephone Number	Li
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Di	niling Address nendment Section vision of Corporations D. Box 6327	Amen Divisi	Address dment Section on of Corporations Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2227 SW 2 TER, CORP		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P22000071158		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation;	s Florida Profit Corporation adopts the follow	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
		umd
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 name must cont	The new tion"Corp.," uin the word
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)	P.O. BOX 441707	
	Miami Florida 33144	2023 PEC 17
		APR
	,	
D. If amending the registered agent and/or registered office ac	idress in Florida, enter the name of the	表記 も
new registered agent and/or the new registered office addre	ess:	
Name of New Registered Agent		PH I2:
Name by New Inglanten Ingen		
	street address)	— — —
·		
New Registered Office Address:	, Florida, Florida	Zip Code)
	(city)	.,,
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the positi	on.
Signature of New	w Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	11) (c), F.S.	

2023 APR -3 PH 12

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; 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	P	STEFANIE AMENEDO	P.O. Box 441707
Add			MIAMI FLORIDA 33144
Remove			
2) Change			
Add			<u> </u>
Remove 3) Change			
Add			ジェデ
Remove			<u> </u>
4) Change			F1.
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damova			

	03/27/2023, if other than t
The date of each ame date this document wa	namena() adoption:
Effective date <u>if appl</u>	cable:
Note: If the date inso document's effective o	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as late on the Department of State's records.
Adoption of Amenda	cent(s) (CHECK ONE)
The amendment(s) action was not requ	was/were adopted by the incorporators, or board of directors without shareholder action and shareholder ired.
☐ The amendment(s) by the shareholders	was/were adopted by the shareholders. The number of votes east for the amendment(s) swas/were sufficient for approval.
☐ The amendment(s) nust be separately	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number	of votes east for the amendment(s) was/were sufficient for approval
ьу	(voling group)
	(voling group)
Date Sign	(By a director, president or 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)
	Stefanie Amenedo (Typed or printed name of person signing)
	(Title of person signing)

. . . .

2029 APR -3 PM 12: 41 SECRETARY OF STATE TALLAHASSEE, FL

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