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	Phone	: (786)546-44 9 0	
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		, ,	

COR AMND/RESTATE/CORRECT OR O/D RESIGN **UNLIMITED ASSET COMPANY**

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Help

COVER LETTER

TO: Amendment Section Division of Corporations UNLIMITED ASSET COMPANY NAME OF CORPORATION: _ P22000079614 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: **EDUARDO MIRALLES** Name of Contact Person MIAMI BUSINESS SOLUTIONS INC Firm/ Company 1845 E WEST PKWY STE 9 Address FLEMING ISLAND, PL 32003 City/ State and Zip Code EDUARDO@MBSTAXES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **EDUARDO MIRALLES** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee **\$**35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Molling 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 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

	Articles of Amendment	7. %
	to Articles of Incorporation	1912
	of	
UNL	LIMITED ASSET COMPAN	у
(Name of Corporate	ion as currently filed with the	te Florida Dept. of State)
	P22000079614	
(Docur	ment Number of Corporation	(if known)
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	a Statutes, this Florida Profit	Corporation adopts the following amendment(
. If amending name, enter the new name of the c	orporation:	The new
ame musi be distinguishable and contain the word "c Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbr	" or "Co". A professional	"incorporated" or the abbreviation "Corp.," corporation name must contain the word
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	 	
. If amending the registered agent and/or registe		e enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Plorida
	(City)	(Zip Code)
ow Registered Asent's Signature. If changing Reg hereby accept the appointment as registered agent.	t <mark>latered Agent:</mark> I am familiar with and accep	t the obligations of the position.
Signe	ature of New Registered Agen	ut, (f 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; 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	PT	Iohn Doc				
<u>X</u> Remove	¥	Mike Jones				
_X Add	SY	Sally Smith				
Type of Action (Check One)	.Title	Name	Address			
1) Change	PSD	YAILIN GALVEZ GONZALEZ	100 MAPLE AVE S			
Add			LEHIGH ACRES, FL 33936			
X Remove	PSD	CARLOS CONCEPCION	100 MAPLE AVE S			
2) Change X Add		_	LEHIGH ACRES, FL 33936			
Remove 3) Change						
Add						
Remove						
Add						
Remove						
Add			Prince Aug.			
Remove						
Add			_			
Remove						

amendine or addi tach additional sh	esis, if necessary)). (Be specific)				
						
						
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an amendment pr rovisions for Imp (If not applicab	ovides for an ex lementing the ar le. indicate NA)	change, reclessi nendment if not	fication, or cape contained in th	ellation of issue e amendment it	d shares. ielf:	
			- · · · · · · · · · · · · · · · · · · ·			
		<u> </u>		. · · · · · · · · · · · · · · · · · · ·	<u> </u>	-

The date of each amendment(s) adop	rilon:	other than the
date this document was signed.		
Effective date [[amilenble:	(na more than 90 days after amendment file date)	·
Note: If the date inserted in this block document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will not rement of State's records.	be listed as th
Adoptise of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder action and share	tholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) clent for approval.	
☐ The amendment(s) was/were approximist be separately provided for each	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated November	4 \10, 2023 -	
Signature	<u>(</u> *.	
(By a directed, b	ctor) president or other officer - if directors or officers have not been by shincorporator - if in the hands of a receiver, trustee, or other court fiduciary, by that fiduciary)	
	CARLOS CONCEPCION	
_	(Typed or printed name of person signing)	
	NEW PRESIDENT	
_	(Tide of person signing)	