

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.

(((H23000353705 3)))



H230003537053ABC

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:

9

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC

Account Number : I20210000201 Phone : (561)409-3106 Fax Number : (561)952-0315

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

Email Address: PRIME INCOME TAX 1 @ GMAIL, COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN LORCASTMAC ENTERPRISES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



Tallahassee, FL 32314

COVER LETTER

TO: Amendment Se Division of Cor				
MARKE OF COMP	DRATION: LORCASTMAC E	ENTERPRISES INC		
				-
DOCUMENT NUM	1BER: P22000080417			-
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all com	respondence concerning this ma	atter to the following:		
	RAFAELA NUNES VIEIRA	.		
		Name of Contact Person	on.	
	PRIME INCOME TAX ANI	ACCOUNTING		
	Firm/ Company			
	23269 STATE ROAD 7 SUITE 119			~
		Address		073
	BOCA RATON, FL, 33428			_ <u></u>
		City/ State and Zip Cod	de .	
	PRIMEINCOMETAX1@GN	MAIL.COM		70-
	E-mail address: (to be us	sed for future annual repor	t notification)	2023 OCT -9 AH 9
For further informati	on concerning this matter, plea	se call:		9: 27 F.F.
RAFAELA NUNES	VIEIRA	at () 409-3106	
Name	of Contact Person	Area Co) ode & Daytime Telephone Nu	imbor
Enclosed is a check t	for the following amount made	payable to the Florida Dep	partment of State:	
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Di	nelling Address nendment Section vision of Corporations D. Box 6327	Amen Divisi	Address dment Section on of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

Articles of Amendment to Articles of Incorporation of

•	ly filed with the Florida Dept. of State)	
P22000080417		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this airs Articles of Incorporation:	Florida Profit Corporation adopts the following	ing amendment(s) t
A. If amending name, enter the new name of the corporation:		
LORCASTMAC INC		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."	I professional corporation name must conta	ton "Corn"
B. Enter new principal office address, if applicable; (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)		2027 000
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ress in Florida, enter the name of the	¥
Name of New Registered Agent	<u> </u>	27
(Florida stre	eet address)	_
New Registered Office Address:	, Florida	<u> </u>
	(City) (Zip	

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:

 $P = President; \ \widetilde{V} = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			7023 OCT
Remove			
2) Change			9
Add			
Remove 3) Change			9:27
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damosta			

case, just change the name of the business to LORCASTMAC INC.	
	<u> </u>
	ig "
	· · · · · · · · · · · · · · · · · · ·
	of trained above
If an amendment provider for an avahance realiseification or an adjusted	OI ISSUEG SHAFES,
If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amendment.	iment itself:
If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A)	dment itself:
provisions for implementing the amendment if not contained in the amend	iment itself:
provisions for implementing the amendment if not contained in the amend	dment itself:
provisions for implementing the amendment if not contained in the amend	iment itself:
provisions for implementing the amendment if not contained in the amend	iment itself:
provisions for implementing the amendment if not contained in the amend	iment itself:
provisions for implementing the amendment if not contained in the amend	iment itself:
provisions for implementing the amendment if not contained in the amend	iment itself:
provisions for implementing the amendment if not contained in the amend	iment itself:
provisions for implementing the amendment if not contained in the amend	iment itself:

The date of each amendment(s) adoption:		, if other than the
date this document was signed. 09/27/2023 Effective date if applicable:		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this cof State's records.	date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendmen ir approval.	t(s)
☐ The amendment(s) was/were approved by must be separately provided for each votice.	the shareholders through voting groups. The following statening group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by		2023
(v	oting group)	8 7
09/27/2023 Dated		2023 OCT -9 AM
Signature Brunca		
selected, by an in	esident or other officer — if directors or officers have not been corporator — if in the hands of a receiver, trustee, or other coury by that fiduciary)	i mishi N
BRUNA	MACEDO	
	(Typed or printed name of person signing)	
PRESIDE	TNT	
	(Title of person signing)	