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TO: Amendment Section Division of Corporations

Tallahassec, FL 32314

NAME OF CORPOR	RATION: STABLE ENTRE	PRENEUR, CORP.	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MARIELA STABLE		
		Name of Contact Perso	n
	STABLE ENTREPRENEUR	, CORP,	
		Firm/ Company	
	3595 NW 181ST STREET		
		Address	
	MIAMI GARDENS, FL 330.	56	
		City/ State and Zip Coo	le
	SALES@STABLEACCOUN	VTS.NET	notification)
	E-mail address: (to be us	sed for future annual repor	(notification)
For further informatio	n concerning this matter, plea	se call:	
MARIELA STABLE		786	709-3473
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2023 HAY -2 PM 4: 49

Articles of Amendment Articles of Incorporation of

STABLE	ENTREPRENEUR, CORP.	

STABLE ENTREPRENEUR, CORP.				
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Do	ept. of State)	
P22000086071				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amend	iment(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The 1	пен:
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation	d" or the abbreviation "ÇQT	p., "2
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		3595 NW 181ST STRE	<u>i</u>	ΑΥ -
		MIAMI GARDENS	5.5	- 62 -
		FL, 33056-3464	in a	_ <u>=</u> =
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3595 NW 181ST STRE	ET TATE	64
		MIAMI GARDENS		
		FL, 33056-3464		
D. If amending the registered agent as new registered agent and/or the ne			ame of the	
Name of New Registered Agent				
	3595 NW 181ST STREE	T		
	(Florida s	treet address)		
New Registered Office Address:	MIAMI GARDENS		, Florida	_
		(Ciţy)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Agen tered agent. I am familiar	t; with and accept the obligation	ons of the position.	
	0.			
	Signature of New .	Registered Agent, if changing	Į.	
Z'1 4 16 11 1 1				

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)

Remove

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			2023 MAY SECKEN TALLA
Remove			ALLIA
2)Change			Y -2 PM NIASSE
Add			OF S SEE.
Remove Change			STATE S. F.L
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

GENT ADDRESS		
	*	
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		<u></u> ۲۰
		> 7 - 1
		THO IS
		—————————————————————————————————————
provisions for implement	s for an exchange, reclassification, or cancell ting the amendment if not contained in the a scate N/A)	lation of issued shares, mendment itself:
	-	
		<u></u> .

rt dan ef and barrandarant	04/29/2023	, if other than the
the date of each amendment date this document was signed	r(s) adoption:	If other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, he Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/wer by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amen ere sufficient for approval.	dment(s)
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following ed for each voting group entitled to vote separately on the amendments:	statement s):
"The number of votes	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
04/29/	/2023	∑. <u>Ca</u>
Dated		923 . ECH TAI
· ·		SECKE IARY TALLAHAS
Signature	by a director, president or other officer – if directors or officers have no	t been
Se	elected, by an incorporator – if in the hands of a receiver, trustee, or oth oppointed fiduciary by that fiduciary)	ECKE IARY OF STATALLAHIASSEE, FL
	MARIELA STABLE	PH 4: 49 OF STATE SEE. FL
	(Typed or printed name of person signing)	<u>LE</u> 6
	VP	
	(Title of person signing)	