P22000087473

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE MAR - 3 2023	(Req	uestor's Name	·)
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Special Instructions to Filing Officer: J. HORNE	·		
J. HORNE	Certified Copies	Certificate	es of Status
J. HORNE			
	Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Amendment Section

Division of Corporations

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NAME OF CORPORATION: TESA SPA CO	DRP
DOCUMENT NUMBER: P22000087473	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Maria Gracias De Luca C	Ocando
	Name of Contact Person
TESA SPA CORP	
-	Firm/ Company
17724 Nw 59 Av Unit 10	93
	Address
Hialcah Florida 33015	
	City/ State and Zip Code
mdclucaocando@gmail.c E-mail address: (to b	be used for future annual report notification)
Maria Gracia De Luca Ocando	at (754) 422-7095
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
S35 Filing Fee	*
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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TESA SPA CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P22000087473 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: TEZA SPA CORP name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent N/A (Florida street address) New Registered Office Address: , Florida N/A (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if 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)

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> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>n</u>	<u> Mike Jones</u>	
<u>X</u> Add	<u>sv</u> s	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) N/A Change	N/A	N/A	N/A
Add			
Remove 3) N/A Change	N/A	N/A	N/A
Add			
Remove			
4) N/A Change	N/A	N/A	N/A
Add			
Remove			
5) N/A Change	N/A	N/A	<u>N/A</u>
Add			
Remove			
6) N/A Change	N/A	N/A	N/A
Add			
Remove			

	ending or adding additional Art additional sheets, if necessary).	(Be specific)				
/A						
						
						
	<u> </u>					
	·					
					-	
						
<u>lf</u> an :	amendment provides for an exc	hange, reclassific	ation, or cancell	ation of issued sh	nares,	
prov (isions for implementing the amo if not applicable, indicate N/A)	endment if not co	ntained in the a	mendment itself:	-	
/A						
	·					
			<u></u>			

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The date of each amendmen	it(s) adoption: 11/30/2022	, if other than
date this document was signed	d.	
Effective date if applicable:	11/30/2022	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder	action and shareholder
	ere adopted by the shareholders. The number of votes cast for the amenda vere sufficient for approval.	nent(s)
	ere approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	<u>, </u>	
	(voting group)	
Dated_11/30	0/2022	
Signature ₄		
	By a director, president or other officer – if directors or officers have not be	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
•	ppointed reductory by that reductory,	
	Maria Gracia De Luca Ocando	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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