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2024 AUG 14 PH 2: 27 SECRETARY OF STATE



## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company City/State and Zip Code

OD Quaye Side Deive Apt. 103

Address

Wellington, FL 33411 Capital Remarketing 3600 gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: lame of Contact Person at ( 321) 429-9200 on 401-688-6000

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **≌\$**43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

> Amendment Section **Division of Corporations** P.O. Box 6327

Mailing Address

TO: Amendment Section

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

(Name of Corporation as currently f	ing Corp FILED
(Name of Corporation as currently f	iled with the Florida Deet of State)
<u> </u>	Sing "12:27
(Document Number of C Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	prida Profit Corporation adopts the following intendment(s) to
A. If amending name, enter the new name of the corporation:	
m/A	
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	4657 HWY US-1
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	G-1
	Rockledge, FL 39955
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	9800 Quaye Side Dr.
_	Apt. 103
	WELLINGTON, FL 33411
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
	Z 4
Name of New Registered Agent Anny	THAT .
(Florida street	address)
New Registered Office Address: 9800 QUAKE SIDE	DOINE #103. Florida 33411
Ci	(Vip Code)
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.
an Dan	The state of the s
Signature of New Regi	Gerod 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 = Chairmon 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 <math>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: <u>X</u> Change	<u>PT</u> <u>John D</u>	<u> </u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
<u>X</u> Add	SV Sally S	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
(Change	PTD	JESSICA FARA	9800 QUAYE SIDE DR. #103
Add			WELLINGTON, FL, 33411
Remove		· -	
2) Change	PTD	DANNY FARA	9800 QUAYE SIDE DR. HIC
Add			WELLINGTON, FL, 33411
Remove 3) Change			
Add			
Remove			
4) Change			<del></del>
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

/A	d sheets, if necessar	y). (pe specific	IJ.			
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	nt provides for an o	exchange, reclas	sification, or car	cellation of issu	ed shares.	
an amendmer	implementing the a	amendment if no	ot contained in th	ie amendment i	tself:	
rovisions for i	icable, indicate N/A	)				
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The date of each amendment(s) adoption: Hugust 1, 2024 date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 _ <b>~/a</b>	
(voting group)	
Dated August 1st 2024 Signature Danney	
(By a director, president or other 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)	
Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Incorporator (CEO / PT)	. <u></u> -
(Title of person signing)	