## P2300007127

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2024 JAN 31 PM 3: 5



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MICASIGNS COR	P	
	BER: P23000007127		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JAIRO J VALDIVIA LOPEZ	Z	
		Name of Contact Person	n
	NICASIGNS CORP		
		Firm/ Company	
	1855 W 62ND ST APT 333		
		Address	
	HIALEAH, FL 33012		
		City/ State and Zip Cod	c
	JAIROVALDIVIA75@GMA	AIL.COM	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: 786	290-7638
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

NICASIGNS CORP

FILED

MEASIGITS COM		£ 1 <u>L</u>	リ	
(Name)	of Corporation as currently	filed with the Florida Dept. of	State)	
P23000007127	2024 JAN 31 PM 3: 51			
	(Document Number of	Corporation (if known)	: STATE	
Pursuant to the provisions of section 607.		Ts.1_1	:F, F	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopt	s the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:			
			The new	
name must be distinguishable and contair "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A		he abbreviation "Corp.,"	
B. Enter new principal office address,	if annlicable:			
(Principal office address MUST BE A S				
• • • • • • • • • • • • • • • • • • • •	·	<del></del>		
C. Enter new mailing address, if appl				
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )	<u> </u>	<u> </u>	
			<del></del>	
D. If amending the registered agent ar	nd/or ragistarad office addre	oss in Florida, anter the name a	f the	
new registered agent and/or the new		33 m r iorida, enter the name o	1 the	
	ANAIBYS D ROQUE VAL	LERO		
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:		Flo	orida	
The state of the s	10	City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist		ith and accept the obligations of	the position.	
		. 1		
		Mil.		
		giotered Agent, if changing		
	Signature of New Reg	guatered Agent, if changing		
o		<del>-</del>		

## Check if applicable

 $\blacksquare$  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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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	Р	ANAIBYS D ROQUE VALERO	1855 W 62ND ST APT 333
X Add			HIALEAH, FL 33012
Remove			
2) X Change	VP	JAIRO J VALDIVIA LOPEZ	1855 W 62ND ST APT 333
Add			HIALEAH, FL 33012
Remove 3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary	v). (Be specific)	<u>(e(s) here</u> :		
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an amendment provides for an e	vahanaa raalassifia	ation or cancellat	on of icenad chara	e
rovisions for implementing the a	mendment if not con	ntained in the amo	endment itself:	<u></u>
(if not applicable, indicate N/A)	ı			
				•

	12/13/2023	
The date of each amendment(s) as date this document was signed.	option:	, if other than the
01/0 Effective date <u>if applicable:</u>	/2024	
	(no more than 90 days after amendment fit	le date)
<b>Note:</b> If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requipartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors without	shareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for ficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The feach voting group entitled to vote separately on the amo	
	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
12/13/2023		
Signature	Tre -	
(By a di selected	rector, president or other officer - if directors or officers, by an incorporator - if in the hands of a receiver, trust a fiduciary by that fiduciary)	
	AIRO J VALDIVIA LOPEZ	
	(Typed or printed name of person signing)	.==
	√P	
	(Title of person signing)	