P23000009387

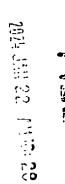
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: JIMENEZ MENDI	EZ HOWARD ANTONIO	PA CORP
	MBER: P23000009387		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	JIMENEZ MENDEZ HOWA	ARD ANTONIO	
		Name of Contact Perso	n
	JIMENEZ MENDEZ HOWA	ARD ANTONIO PA CORI	
		Firm/ Company	
	8115 NW 53 RD ST APT 11	l	
	 _	Address	-
	DORAL FL 33166		
		City/ State and Zip Cod	e
	liliprietorealtor@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
	tion concerning this matter, pleas	se call:	
	EZ HOWARD ANTONIO	at (7866786544
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P	Tailing Address Amendment Section Division of Corporations O. Box 6327 fallahassee, FL 32314	Ameno Divisio 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

(Doc	ument Number of Corporation (if kno	own)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Florida Profit Corp.	oration adopts the following	ng ame	endment(s)
A. If amending name, enter the new name of the	corporation:			
HOWARD ANTONIO JIMENEZ MENDEZ PA			The	new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	c," or "Co". A professional corp-	porated" or the abbreviati oration name must conta	ion "C	orp., "
B. Enter new principal office address, if applical	ble:	10 to	707:	
Principal office address <u>MUST BE A STREET A</u>			((•
			:: <u>!</u> !	# 11 CTP
		-	r->	
. Enter new mailing address, if applicable:			_ :	ु हें हैं (*******}
(Mailing address MAY BE A POST OFFICE I	<u></u>		₹ 5	ing of
			rs	
			à	.
D. If amending the registered agent and/or regis new registered agent and/or the new registere Name of New Registered Agent		er the name of the		.
new registered agent and/or the new registere	ed office address:	er the name of the		
new registered agent and/or the new registere		er the name of the		
new registered agent and/or the new registere	ed office address: (Florida street address)	, Florida	- -	
Name of New Registered Agent	ed office address:	, Florida		
new registered agent and/or the new registered Name of New Registered Agent	ed office address: (Florida street address) (City) degistered Agent:	, Florida(Zip	Code)	

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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add	_	_		
Remove				

(Attach ada	ng or adding additional sheets, i	if necessary).	(Be specific)				
							
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If an amer	ndment provide	es for an exch	ange, reclassif	ication, or can	cellation of issued	d shares,	
provision (if no	ns tor implement of applicable, inc	<u>nting the ame</u> dicate N/A)	<u>ndment if not</u>	contained in th	e amendment its	<u>elf:</u>	
ν.,	11	,					
	 _						
		•					
					-		
			<u> </u>				

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	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendi	nent file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors w	rithout shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes conflicient for approval.	ast for the amendment(s)
	pproved by the shareholders through voting groups or each voting group entitled to vote separately on t	
"The number of votes ca	st for the amendment(s) was/were sufficient for app	roval
by		
	(voting group)	
JANUAI Dated	XY 16/ 2024	
selec	director, president or other officer – if directors or sted, by an incorporator – if in the hands of a receive inted fiduciary by that fiduciary)	
	HOWARD ANTONIO JIMENEZ MENDEZ	
	(Typed or printed name of person sign	ning)
	PRESIDENTE	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·