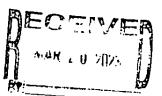
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Filling Officer.			
MAR 2 0 2023			

Office Use Only

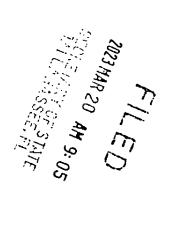


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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607,1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information you may call the Amendment Section at (850) 245-6050

COVER LETTER

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)				
(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
NA	The new			
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.,"			
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				
	THE THE			
	X: 2			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· SSS Z			
(Manual maness MATT DE NIT (MITTED DOM)	1//4 510 9			
	<u> </u>			
	[Fi			
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the			
new registered agent and/or the new registered office address:	110 5 - 100			
Name of New Registered Agent Facio	ulti Services Inc.			
4410 W Hill (Florida street	15 borough Ave Sule H.			
New Registered Office Address:	. Florida 33614.			
	ity) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.			
	<u></u>			
Signature of New Reg	stered 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)

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) <u>X</u> Change	P	Rafael, Lopez JR	5053 Kenmore St.
Add			Spring Hill FL 3460
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N (A ·	
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A.	
	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 50 days after ameriament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will 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 action was not required.	and 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 Rofael Lopez JR	
(voting group)	
Dated 02/10/2023 Signature PALS	
(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)	
Rafael Lopez JR.	
(Typed or printed name of person signing)	
\wp	
(Title of person signing)	