

P23000019239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

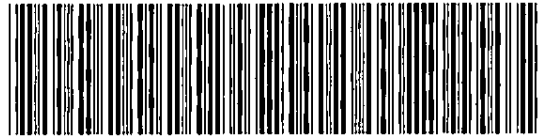
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900404175539

*Amend*

FILED  
2023 MAR 20 AM 9:03  
SECRETARY OF STATE  
BUREAU OF CORPORATIONS

A. RAMSEY  
MAR 21 2023

RECEIVED  
2023 MAR 16 PM 3:40  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

\*02250, 06342, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2023

FLORIDA CAPITAL COURIER SERVICES INC

TALLAHASSEE, FL 32309

SUBJECT: REPROSOLUTIONS INC  
Ref. Number: P23000019239

We have received your document for REPROSOLUTIONS INC and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed in

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 023A00006249

RECEIVED  
2023 MAR 20 AM 8:14  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: AMOUNT: \$35.<sup>00</sup>

Authorization Signature: *Jan Funn*

REPRO SOLUTIONS Inc.

BUSINESS NAME

Document #

P230000019239

\_\_\_ Certified Copy of Articles

\_\_\_ Certificate of Status

**NEW FILINGS**

- \_\_\_ Profit Corp  
\_\_\_ Not for Profit  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ **CORP**  
\_\_\_ **LLLP**

**AMMENDMENTS**

- ☒ Amendment  
\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_ Change of Registered Agent  
\_\_\_ Dissolution  
\_\_\_ Merger  
\_\_\_ Conversion  
\_\_\_ Amended and restated Articles  
\_\_\_ **Statement of Authority**

**OTHER FILINGS**

- \_\_\_ Annual Report  
\_\_\_ Fictitious Name  
\_\_\_ APOSTILLE

**Country**

**REGISTRATION/QUALIFICATIONS**

- \_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement  
\_\_\_ Other

**EXAMINER'S INITIALS:**

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: REPROSOLUTIONS INC

DOCUMENT NUMBER: P23000019239

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN E DELLOCA

Name of Contact Person

MDELL CONSULTING CORP

Firm/ Company

848 BRICKELL AVE STE 1130

Address

MIAMI, FL. 33131

City/ State and Zip Code

mdelloca@mdellconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**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

FILED

REPROSOLUTIONS INC

2023 MAR 20 AM 9:03

(Name of Corporation as currently filed with the Florida Dept. of State)

P23000019239

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:**

\_\_\_\_\_ The new 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."

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip 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.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☐ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>V</u>	<u>DELOCA, MARTIN</u>	<u>848 BRICKELL AVE STE 1130</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33131</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>Leticia Pruscino</u>	<u>848 BRICKELL AVE STE 1130</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33131</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. 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:**

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 \_\_\_\_\_."  
(voting group)

03/17/2023  
Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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)

Martin E Delloca

\_\_\_\_\_  
(Typed or printed name of person signing)

VP

\_\_\_\_\_  
(Title of person signing)