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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
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| ed Copies | _ Certificates | of Status |
| cial Instructions to | Filing Officer: | |
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Office Use Only



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Ana Maria Goez 3150 SW 145th Ave Suite 401 Miramar, FL, 33027 admin@prosquaresolutions.com 786-836-2520 November 4th 2024

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Amendment Section.

I hope this letter finds you well. I am writing to inform you that I am the new owner of Pro Square Solutions Inc. and to request an update to the company's records.

Enclosed, you will find the Articles of Amendment form with all the updated information reflecting this change in ownership and titles. Please process this amendment at your earliest convenience.

If you require any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely.

Ana Maria Gòe*i*i

President

Pro Square Solutions Inc.

COVER LETTER

ndment Section sion of Corporations

| ATION: PRO SQUARE SC | LUTIONS INC | | | |
|---|--|---|--|--|
| ER: P23000033430 | | | | |
| f Amendment and fee are su | bmitted for filing. | | | |
| ondence concerning this ma | tter to the following: | | | |
| ANA MARIA GOEZ SAMP | AYO | | | |
| | Name of Contact Persor | 1 | | |
| PRO SQUARE SOLUTIONS | SINC | | | |
| | Firm/ Company | | | |
| 3150 sw 145th Ave Ste 401 | | | | |
| | Address | | | |
| Miramar, FL 33027 | | | | |
| | City/ State and Zip Code | 2 | | |
| a.a.noituloresquaresolutions.c | om | | | |
| E-mail address: (to be us | sed for future annual report | notification) | | |
| concerning this matter, plea | se call: | | | |
| | at (| de & Daytime Telephone Number | | |
| Name of Contact Person | | de & Daytime Telephone Number | | |
| the following amount made | payable to the Florida Depa | artment of State: | | |
| ■\$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| ng Address | Street Address | | | |
| | Amendment Section Division of Corporations | | | |
| | ER: P23000033430 f Amendment and fee are su condence concerning this matter. ANA MARIA GOEZ SAMP PRO SQUARE SOLUTIONS 150 sw 145th Ave Ste 401 Miramar, FL 33027 dmin@prosquaresolutions.c E-mail address: (to be used to be used to be seen to be used to be used to be seen to be see | Amendment and fee are submitted for filing. ANA MARIA GOEZ SAMPAYO Name of Contact Person PRO SQUARE SOLUTIONS INC Firm/ Company 150 sw 145th Ave Ste 401 Address Miramar, FL 33027 City/ State and Zip Code dmin@prosquaresolutions.com E-mail address: (to be used for future annual report concerning this matter, please call: at (| | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| • | of | orporation | |
|---|---|--------------------------|---|
| JARE SOLUTIONS INC. | | | |
| (Name | of Corporation as currentl | y filed with the Florida | a Dept. of State) |
| 33430 | | | |
| | (Document Number of | Corporation (if known |) |
| to the provisions of section 607. s of Incorporation: | 1006, Florida Statutes, this a | Florida Profit Corpora | tion adopts the following amendment(s) to |
| ending name, enter the new n | ame of the corporation: | | |
| | | | The new |
| | Corp," "Inc," or "Co". A " or the abbreviation "P.A." | professional corporal | rated" or the abbreviation "Corp.," tion name must contain the word Suite, 401 Miramar, FL 33027 |
| al offic <mark>e addre</mark> ss <u>MUST BE, A S</u> | TREET ADDRESS) | | |
| r new mailing address, if appl ling address <u>MAY BE A POST</u> | | 3150 SW 145th Ave | Suite. 401 Miramar, Fl. 33027 |
| ending the registered agent at registered agent and/or the ne | | | he name of the |
| Name of New Registered Agent 3150 SW 145th Ave Suite: 401 | | <u>}'></u> | |
| | | | |
| | (Florida str | eet address) | |
| New Registered Office Address: | Miramar | | Florida 33027 |
| - and State Ass. Attach trans. poor. | | (City) | (Zip Code) |

gistered Agent's Signature, if changing Registered Agent:

accept the appointment as registered agent. I am Jamilian with and accept the obligations of the position.

Signature of New Registered Agent, if changing

fapplicable

amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

O & HA TI AON 72

| ident; V= Vii Officer; CFO Treasurer, i should be no Mike Jones es, V as Rema | ets, if neces /director tit ce Presiden () = Chief F Director wo ted in the fo leaves the c | tle by the first letter of the office title: it: T= Treasurer: S= Secretary: D= Director: TR Financial Officer. If an officer/director holds more ould be PTD. ollowing manner. Currently John Doe is listed as | = Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office held. the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change. |
|--|---|---|--|
| e: ge | <u>PT</u> | John Doe | |
| ive | <u>V</u> | Mike Jones | |
| | <u>sv</u> | Sally Smith | |
| Action Ine) | Title | <u>Name</u> | Address |
| Change | P | Rafael Angulo | 17440 Northwest 67th PLUNIT 5E |
| Add | | | Country Club, FL 33015 |
| Remove | | | |
| Change | P | Ana Maria Goez Sampayo | 3150 SW 145th Ave Suite 401 |
| , Add | | | Miramar, Fl. 33027 |
| Remove Change | | | |
| , Add | | | |
| Remove | | | |
| Change | | | |
| Add | | | |
| Remove | | | |
| Change | | | |
| , Add | | | |
| Remove | | | |
| Change | | | |

Add

Remove

ing the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and of each Officer and/or Director being added:

| ending or adding additional hadditional sheets, if necessar | rv). (Be specific) | Carried Co. | | |
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| amendment provides for an | erchange reclassific | ation or cancellation | on of icened chares | |
| visions for implementing the | amendment if not con | ntained in the ame | ndment itself: | |
| (if not applicable, indicate N/2 | f) | | | |
| Shares belong now to Ana Ma | aria Goez Sampayo | | | |
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| f each amendment(s) add | option: | , if other than the |
|--|---|-----------------------------------|
| cument was signed. | | - |
| | mber 4th, 2024 | |
| ate <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| | ock does not meet the applicable statutory filing requirements, the partment of State's records. | is date will not be listed as the |
| f Amendment(s) | (<u>CHECK ONE</u>) | |
| endment(s) was/were ador as not required. | nted by the incorporators, or board of directors without shareholder | action and shareholder |
| endment(s) was/were adop hareholders was/were suf | pted by the shareholders. The number of votes cast for the amendm fficient for approval. | nent(s) |
| | roved by the shareholders through voting groups. The following sta- each voting group entitled to vote separately on the amendment(s): | itement |
| he number of votes cast for | or the amendment(s) was/were sufficient for approval | |
| | | |
| - | | |
| | (voting group) | |
| Dated | 21/24 | |
| Signature | 1C. (vois | |
| | rector, president or other officer - if directors or officers have not b | |
| | , by an incorporator – if in the hands of a receiver, trustee, or other | court |
| appointe | ed fiduciary by that fiduciary) | |
| | Ana María Goez Jan | man. |
| - | (Typed or printed name of person signing) | - - |
| | Daniel + | |
| | iresud-ent | |
| _ | (Title of person signing) | |
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