Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000211405 3)))



H230002114053ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MYCOMPANYWORKS, INC.

Account Number : I20230000035 Phone : (702)362-2677

Fax Number : (702)825-2581

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	• 1

2023 JUH 12 AH 10: 13

COR AMND/RESTATE/CORRECT OR O/D RESIGN NEVADA SALES, INC

RECEIVED

123 JUN 12 PM 3: 55

105 PARIMENT OF STATE

114 STON OF SCHOOL OR STATE

114 STON OF SCHOOL OR STATE

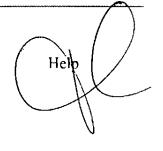
115 STON OF SCHOOL OR STATE

115 STON OF SCHOOL OR SCH

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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

Articles of Amendment to Articles of Incorporation of

NEVADA SALES, INC			
(Name	of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>(c)</u>
P23000037894			
7,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the	following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc." or "Co".	A professional corporation name mu	
B. Enter new principal office address,	if applicable:	11601 Lakeside Dr Apt 8310	26
(Principal office address MUST BE A S		Doral, FL 33178	123 J
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11601 Lakeside Dr Apt 8310	2 AH 10:
		Doral, FL 33178	0: 1
			ယ
D. If amending the registered agent an new registered agent and/or the new			<u> </u>
Name of New Registered Agent			
	11601 Lakeside Dr Apt 8	310	
	(Florida s	treet address)	
New Registered Office Address:	Doral	, Florida	33178
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registered.			Oosition.
	Signature of New	Registered Agent, if changing	
	Signature of New .	педынген пдет, у спиндтд	
Check if applicable			

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: X Change	<u>PT</u>	John Doe	
X Remove	<u> </u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addreş</u> s
1) X Change	P	Ramona I Escalona	11601 Lakeside Dr Apt 8310
Add			Doral, FL 33178
Remove			
2) Change			23
Add			<u> </u>
Remove 3) Change	,		2023 JUH 1 2 AH 10: 1 3
Add			-
Remove			<u></u> ω
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
· · · · · · · · · · · · · · · · · · ·			
			
· · · · · · · · · · · · · · · · · · ·			
		-:	202
		ز	
			
		: î	2
		10 10	2
			2023 JUM 12 AMIU:
	· · · · · · · · · · · · · · · · · · ·		
			_ (
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and it not contained in the amendment itself:		

The date of each amendment(s) a date this document was signed.	adoption:	, if other than t
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date pepartment of State's records.	will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder action a	and shareholder
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	2023
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	2023 JUH 12 AM 10: 13
"The number of votes cas	it for the amendment(s) was/were sufficient for approval	2 A
by		
	(voting group)	
06/12/202		~
Dated		
Signature /s/ Ra	amona I Escalona	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Ramona I Escalona	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	