## P23 0000 42827

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## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: NSB UNCOUNT CORP.  DOCUMENT NUMBER: P230000 42827
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ciorka Esquive Diaz Name of Contact Person
9003 MAY WOOD CICLE
labelle Fl 33935.
City/ State and Zip Code  Nr Under Old Corp Camail. (Omeganication)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ciorka Equive at (239) 333-9581  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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation

of Diladiana \ O-	us D
N& K UNCHYOTOUNG CO	y filed with the Florida Dept. of State)
Dozonom Uzozz	, meg with the case as a second
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> 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," "c" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	2022
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9 !
(Stating datiess BEAT DE A LOGI OF TELL DOLL)	
	i
D. If amending the registered agent and/or registered office addi- new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida str	rect 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 to	t: with and accept the obligations of the position.
Signature of New R	Registered 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)

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change	Pres-	Liorka Esquivel	<u>9003 Maywood</u> Circle
Add			Inhelle Fl 3393S
2) Change			
Add			
Remove Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Ad <sup>a</sup>			
Remove			
6) Change			
Add			
Remove			

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provision.	s for implementing	g the amen	nge, reclassification	i, or cancellation ned in the amend	of issued shares, ment itself:	
(if noi	t applicable, indica	te N/A)				
<u>-</u>						
						···

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) ado	ption:,	, if other t	than the
late this document was signed.			
Effective date <u>if applicable</u> :	(no more than 90 days after	r amendment file date)	
Note: If the date inserted in this blockocument's effective date on the Department	ck does not meet the applicable statut artment of State's records.	tory filing requirements, this date will not be liste	d as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of di	irectors without shareholder action and shareholder	
☐ The amendment(s) was/were adopty by the shareholders was/were suff	ted by the shareholders. The number of cient for approval.	of votes east for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting ach voting group entitled to vote separate	g groups. The following statement ately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficier	nt for approval	
by	(voting group)	<u> </u>	
selected,	edtor, president or other officer – if directly an incorporator – if in the hands of d fiduciary by that fiduciary)  (Typed or printed name of personal content of the cont	f a receiver, trustee, or other court	
	0wner		
_	(Title of person signing)		