6/17/23, 11:23 AM

orida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAX 5 PRO CORP Account Number : I20200000147

: (786)307-2733

Fax Number : (954)420-7118

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

Email Address:\_

INFO@TAXSPRO.COM

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SANTIAGO PINZON CORIAT CORP

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2023 JUN 2 | AM 10: 08

## **COVER LETTER**

TO: Amendment Section Division of Corpora				
NAME OF CORPORA	ATION: SANTIAGO PINZ	ON CORIAT CORP		
DOCUMENT NUMBE				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondent	ondence concerning this ma	tter to the following:		
A	NWAR I PUELLO			
_		Name of Contact Per	son	_
T	AX S PRO CORP			_
		Firm/ Company		
8	030 PINES BLVD			,
_		Address		
<u>P</u>	EMBROKE PINES, FL 330	)24		<b></b> -
		City/ State and Zip Co	ode	_ ;
R	NFO@TAXSPRO.COM			7.
_	E-mail address: (to be us	sed for future annual repo	ort notification)	
	·	•		
For further information of	concerning this matter, pleas	se call:		7-
ANWAR I PUELLO		786 at (	307-2733	
Name of	Contact Person	Area (	Code & Daytime Telephone Numb	жr
Enclosed is a check for t	he following amount made (	payable to the Florida De	epartment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	2 \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ameno Divisio P.O. B	ig Address Iment Section on of Corporations ox 6327 assee, FL 32314	Ame Divis The 2415	ndment Section sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 810 hassee, Ft. 32303	

Check if applicable

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

## Articles of Amendment to Articles of Incorporation of

From: +19544207118 (TAX 5 PRO)

SANTIAGO PINZON CORIAT CORP	
<u> </u>	tly filed with the Florida Dept. of State)
P23000043284	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
THE MND NAVEA CORP	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the paid
B. Enter new principal office address, if applicable:	L- N- T
(Principal office address MUST BE A STREET ADDRESS)	140 SW 117 AVE , BUILDING 4, APT 201 2
	PEMBROKE PINES, FL 33024
C. Enter new malling address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	140 SW 117 AVE, BUILDING 4, APT 201:
	PEMBROKE PINES, FL 33024
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the
Nume of their Assessed Agent	
(Florida s	ireei address)
	,
New Registered Office Address:	(C(ty) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	it; with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

## 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:

From: +19544207118 (TAX S PRO)

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 Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Saily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	PINZON CORIAT, SANTIAGO	4163 NW 135 ST
Add			OPA LOCKA, FL 33054
X Remove			
2) Change	Р	NAVEA MONTENEGRO, DAVID	140 SW 117 AVE, BUILDING4
X Add			APT 201
Remove 3) Change		_	PEMBROKE PINES, FL 33024 @
Add			
Remove			
4) Change	<u></u>		
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

	sheets, if necessary). (Be specific)	
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<u>provisions for in</u>	provides for an exchange, reclassification, or cancellation pplementing the amendment if not contained in the amendment if not contained in the amendment if not contained in the amendment in th	of issued shares, iment itself:
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<u>provisions for in</u>	nplementing the amendment if not contained in the amend	of issued shares, iment itself;
<u>provisions for in</u>	nplementing the amendment if not contained in the amend	of issued shares, iment itself:
<u>provisions for in</u>	nplementing the amendment if not contained in the amend	of issued shares, iment itself:
<u>provisions for in</u>	nplementing the amendment if not contained in the amend	of issued shares, Iment itself:

To: +18506176380