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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Previato Corp		
	BER: P23000050493		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Silvana Korik		
		Name of Contact Person	1
		Firm/ Company	
	5830 SW 36th terrace		
		Address	
	Fort Lauderdale, FL 33312		
		City/ State and Zip Cod	e
	silvana@korik.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Silvana Korik		at (2164163
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	niling Address mendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation

of

PREVIATO CORP.				
(Name)	of Corporation as curren	tly filed with the Florida De	pt. of State)	
P23000050493				
	(Document Number	of Corporation (if known)	, <u>.</u>	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendme	ent(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 "Chartered," "professional association."	Torp," "Inc," or "Co".	A professional corporation	I" or the abbreviation "Corp.,"	•
B. Enter new principal office address, if applicable:		5830 SW 36th Terrace		
(Principal office address MUST BE A S		Fort Lauderdale, FL 333	12	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5830 SW 36th terrace		7.
		Fort Lauderdale, FL 3331	12	
				1
D. If amending the registered agent an new registered agent and/or the new	w registered office addre		ame of the	1. 1.
Name of New Registered Agent	Silvana Korik			-
	5830 SW 36th Terrace			
	tFlorida s	veet address)		
New Registered Office Address:	Fort Lauderdale		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ons of the position.	

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	MGR	Silvana Korik	5830 SW 36th Terrace
x Add			Fort Lauderdale, FL 33312
Remove			
2) Change	P	Vicente Davi	2875 NE 191 ST
Add			Miami, FL 33180
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
/A	
-	
	
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If an amendment provides for an exchange, reclassification	ar concellation of its and characters.
provisions for implementing the amendment if not contain	ted in the amendment itself:
(if not applicable, indicate N/A)	
4	·
	

	12/04/2023	
The date of each amendment(s) acd ate this document was signed.	loption:	, if other than the
12/0-	4/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tho more than 90 days after amenament fite date)	
Note: If the date inserted in this b'document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vota separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by Vicent Davi		
	(voting group)	
12/04/2023 Dated		
-	. 4	
Signature <u>La</u>	: Printi	
(By a di selectec	rector, president or other officer – if directors or officers have not been l, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	;
	Vicente Davi	1
	(Typed or printed name of person signing)	••
	President	:
	(Title of person signing)	(3