P2300054380

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PREMIUM TRAD	ING MANAGEMENT CO	ORP
DOCUMENT NUM	P23000054280		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	BLANCA ZAMBRANO LU	NA	
		Name of Contact Persor	1
	LUNAS ACCOUNTING AN	ID TAXES CORP	
		Firm/ Company	
	1560 SAWGRASS CORPOR	RATE PARKWAY 4TH FL	OOR OFC 499
		Address	
	SUNRISE, FL 33323		
		City/ State and Zip Code	2
	BLAN.61@HOTMAIL.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	on concerning this matter, pleas	se call;	
BLANCA ZAMBRA	NO	at (2375255
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P23000054280	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	1550 Brickell Av. Apt B-312
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami FL 33129
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ad-	
new registered agent and/or the new registered office addres	<u> </u>
Name of New Registered Agent	<u> </u>
/Elmida	treet address)
New Registered Office Address:	, Florida, Florida
New Registered Agent's Signature, if changing Registered Ager	nt:
I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing

🖽 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)

Example:

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	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	Treasury	Maria J Espinosa Ibern	1550 Brickell Av. Apt B-312
Add			Miami, FL 33129
Remove 2) X Change	President	Miguel A Lozano Pampillon	1550 Brickell Av. Apt B-312
Add			Miami, FL 33129
Remove 3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exchaprovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, address if not contained in the amendment itself:	
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f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:	•
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	

07/21/2023	
The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
07/21/2023	
Effective date if applicable: (no more than 90 days after amendment file date)	
tho more than 30 days after amenamen fine date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes casi for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval	ı
PAMPILLON MIGHEL	
by	
(voting group)	
Dated Signature (By Affector president or other officer – if directors or officers have not been	. 2
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	.3
PAMPILLON, MIGUEL	ic.
(Typed or printed name of person signing)	
AMBR	
(Title of person signing)	··