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		: E ALEX ORTIZ, CP	A, PA	5	2
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### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: \_\_\_\_\_

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Articles of Amendment and fcc are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX ORTIZ, CPA

Name of Contact Person

Firm/ Company

E ALEX ORTIZ, CPA, PA

2727 PONCE DE LEON BLVD

Address

CORAL GABLES, FL 33134

City/ State and Zip Code

ALEX@ALEXORTIZCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX ORTIZ, CPA at (305 ) 340-2000 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

S43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





#### Articles of Amendment to Articles of Incorporation of

### LINKING HORIZONS CORP

## (Name of Corporation as currently filed with the Florida Dept. of State)

P23000056175

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

## A. If amending name, onter the new name of the corporation;

		prated" or the abbreviation "Corp.,
"Inc.," or Co.," or the designation "Corp." "Inc." or	"Co" A professional corport	stion name must contain the wor
chartered," "professional association," or the abbreviatio	on "P.A."	20
		2024
<ol> <li>Enter new principal office address, if applicable:</li> </ol>		<u> </u>
Principal office address <u>MUST RE A STREET ADDRES</u>	<u>s</u> )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		Lu :: 11
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	<del></del>	
. If amending the registered agent and/or registered of		the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent		
	•	
	lorida street address)	
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	·····,	
r		, Florida
	(City)	, Florida (Zip Code)
New Registered Office Address:	(City) d Agent:	(Zip Code)
New Registered Office Address:	(City) d Agent:	(Zip Code)
New Registered Office Address:	(City) d Agent:	(Zip Code)
New Registered Office Address:	(City) d Agent:	(Zip Code)
New Registered Office Address:	(City) d Agent:	(Zip Code)
<u>New Registered Office Address</u> : low Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am J	(City) <u>d Agent:</u> familiar with and accept the obl	(Zip Code) igations of the position.
<u>New Registered Office Address</u> :	(City) d Agent:	(Zip Code) igations of the position.
<u>New Registered Office Address</u> :	(City) <u>d Agent:</u> familiar with and accept the obl	(Zip Code) igations of the position.

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## 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:

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>şv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change	τ	GRADIZ, ILEANA MARIA	2777 PONCE DE LEON BLVD
XAdd			CORAL GABLES, FL 33134
Remove			2074
2) Change			تکر سے محمد -
Add			129
3) Remove			
Add			<u> </u>
Remove			··
4) Change			
Add			
Remove			
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Add			
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If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
provisions for implementing the am	tendment if not contained in the amendment itself:	
the set of		
(if not applicable, indicate N/A)		
(If not applicable, indicale N/A)		

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The date of each amendment(s) adoption: _ date this document was signed.	11/27/2023	, it other than the
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing require of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by th action was not required.	e incorporators, or board of directors without st	archolder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for th r approval.	e amendment(s)
The amendment(s) was/were approved by t must be separately provided for each votin	he shareholders through voting groups. The fall g group entitled to vote separately on the amen	lowing statement U. dimens(s): 20
"The number of votes cast for the am	endment(s) was/were sufficient for approval	020
hy		2
Dated $\frac{X}{25/0}$ Signature $\frac{X}{(By a director, presselected, by an incomposited fiduciar s/$	1/2024 1125/2024 Sident or other officer - if directors or officers h sorporator - if in the hands of a receiver, trustee y by that fiduciary) ANDEEP SINGH (Typed or printed name of person signing)	HUNKING HURIZONS
	PRESIDENT	

PRESIDENT (Title of person signing)

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