S. Ampigationess Service to 00058789549789549

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000283092 3)))



H230002830923ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : S.LLANIO BUSINESS SERVICES INC

Account Number : I20200000011 Phone : (239)542-9104

Fax Number : (239)540-1760

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

Email Address:

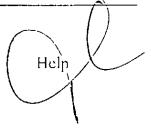
s. Junto business

COR AMND/RESTATE/CORRECT OR O/D RESIGN CARPAZ CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



Articles of Amendment to Articles of Incorporation of

	of		
CARPAZ CORP			
(Name	of Corporation as currently filed with the	ne Florida Dept. of State)	
P23000058756			
	(Document Number of Corporation	(if known)	
	•	·	
ursuant to the provisions of section 607 s Articles of Incorporation:	1006, Florida Statutes, this Florida Profit	Corporation adopts the following amend	iment(s) to
. If amending name, enter the new n	ame of the corporation:		
me must be distinguishable and contain	the word "corporation," "company," or		n ''
nc.," or Co.," or the designation "Chartered," "professional association,"	Corp," "In <mark>c,</mark> " or "Co". A professional	corporation name must contain the w	ord
• •			1
. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>			
rincipal office dataress stost be A3	TREET MODRESS)		
			_
. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST	OFFICE BOX)		
			_
If amending the registered agent ar new registered agent and/or the new	d/or registered office address in Florida	n, enter the name of the	
new registered agent and/or the nev			
Name of New Registered Agent	NOBLECILLA VITE, KARY LIZ		
	1417 SW IST PL		
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·	
V D . 1070 / 11	CAPE CORAL	,,, 33991	
New Registered Office Address:	(City)	, Florida (Zip Code)	-
	(,,	13.7	
w Registered Agent's Signature, if c	hanging Registered Agent:		
	ered ageny I am familian with and accep	t the obligations of the position.	
	and Jahrellan		
	Signification Registered Ager	it, if changing	
neck if applicable			
The amendment(s) is/are being filed p	arsuant 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= Treusurer; 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. --

X_Change	<u>PT</u>	John Doe		-
X Remove	7,	Mike Jones		-
X Add	<u>sv</u>	Sally Smith		: 1
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	ROJAS CARRION, CARLOS MIGL	1417 SW 1ST PL	
Add			CAPE CORAL, FL 33991	
X Remove 2) X Change	P	NOBLECILLA VITE, KARY LIZ	1417 SW 1ST PL	
Add			CAPE CORAL, FL 33991	
Remove 3) Change				
Add				
Remove				
4) Change	-			
Add				
Remove				
5) Change				
Add				
Remove				
か) Change				
Add				
Remove				

 If amending or adding (Attach additional sheets 	, if necessary). (L	3e specific)			
PLEASE ADD EIN # 93-2	834980				
		10			
				····	
	-				
<u>.</u>					
	-				
	-		· · · · · · · · · · · · · · · · · · ·		

					· · · · · · · · · · · · · · · · · · ·
				····	
If an amendment provisions for implement (if not applicable, in	enting the amendm	e, reclassification ent if not contain	, or cancellationed in the arner	on of issued shares, adment itself:	
	, ··				
	<u> </u>				
· · · · · · · · · · · · · · · · · · ·					

				- · · · - · ·	• • •

	08/15/2023	
The date of each amendment(s) ad	option:	_, if other than the
date this document was signed.		
08/15 Effective date if applicable:	5/2023	
Effective date it applicable;	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	., .
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	•
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	-
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
	N A 3	
08/15/2023 Dated Signature	Man duda	() ()
(By a din	ector, resident prother officer - if directors or officers have not been	-
	by anlincomplator - it in the hands of a receiver, trustee, or other court	
appoin t	d fiduciary by that fiduciary)	
ì	NOBLECILLA VITE, KARY LIZ	
_	(Typed or printed name of person signing)	
F	PRESIDENT	
_	(Title of person signing)	