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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: KOALA ABA ING	C	
DOCUMENT N	UMBER: P23000062040		
	icles of Amendment and fee are se	ibmitted for filing.	
Please return all o	correspondence concerning this ma	atter to the following:	
	alina garza		
		Name of Contact Person	n
	KOALA ABA INC		
		Firm/ Company	<u> </u>
	2898 NW 79 AVE	, ,	
		Address	
	DORAL, FL 33122		
	<u> </u>	City/ State and Zip Cod	e
	agarza@koalaaba.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	ise call:	
ALINA GARZA		at (de & Daytime Telephone Number
Ni	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che-	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fo	ce ☐\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

KOALA ARA INC

KOALA ABA INC	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P23000062040	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this 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:	
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.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	72. 20.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Fatanana and Barand day of control 1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	,
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	_
Name of New Registered Agent	
-	
(Florida st	reet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
Name Handward A. 1916' and the Late of the Control	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position
. 1	was and the property of the pr
Signature of New R	Registered Agent, if changing
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)

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 De</u>	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	COO	_	CARIDAD BOUZA MERIDA	10181 NW 32 TER
Add				DORAL, FL 33172
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Domaro				

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)				
		 -			
		1 ·			
		 ·			
<u>. </u>					
				<u>.</u>	
					
					<u>.</u>
				.	
f an amendment provides for an exch provisions for implementing the ame	<u>nange, reclassific</u> endment if not co	ation, or cancell ntained in the a	<u>ation of issued</u> mendment itsel	shares, f:	
(if not applicable, indicate N/A)		<u> </u>		_	
			-		
				· -	<u>.</u>

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T1 1	10/01/2023
The date of each amendmen date this document was signed	s) adoption:, if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on t	ais block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	r adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
10/1/2 Dated	23
Signature_	At the second se
(B	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court onted fiduciary by that fiduciary)
	ALINA GARZA
	(Typed or printed name of person signing)
	CFO
	(Title of person signing)