P23000064982

(Re	questor's Name)	<u> </u>
(Ad	dress)	<u></u>
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETVAY OF STATE
TALLASASSEE FLOP'SA



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- > If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

CR2E011 (1/20)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MIAMAX BROK	ERAGE INC	
	IBER: P23000064982		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	MAXWEL NUNEZ CUADE	RA	
		Name of Contact Perso	n
	MIAMAX BROKERAGE IN	₹C	
		Firm/ Company	*****
	1607 OLD BURNT STORE	RD NORTH	
		Address	·
	CAPE CORAL, FL 33993		
	 	City/ State and Zip Cod	le
	MIAMAX2985 @GMAIL.C	ОМ	
		sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
MAXWEL NUNEZ	CUADRA	954 at (6430559
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
X \$35 Filing Fee	☐ \$43.75 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)
At Di P.0	ailing Address mendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio The C 2415 I	Address Incent Section On of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Cassee, FL 32303

Articles of Amendment to Articles of Incorporation of

N	4L	$\Lambda M \Lambda$	X	BRO.	KER	AGE	INC

(Name of Corporat	tion as currently filed with the Florida Dept. of State)	
P23000064982			
(Docu	ment Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the f	ollowing amendmen	it(s) to
A. If amending name, enter the new name of the c	corporation:		
name must be distinguishable and contain the word "c	le: NP	The new previation "Corp.," contain the word	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ox)	2023 SEP SECRE	7
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the office address:	18 AM	
Name of New Registered Agent V	7	्राह्म इस्सार १ : - १	واستعار
1	(Florida street address)	<u> </u>	
New Registered Office Address:	, Florida, Florida	(Zip Code)	
		• •	
New Registered Agent's Signature, if changing Reflection I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the po	sition.	
Sign	nature of New 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)

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	P	INGRI GUILLEN AZCUY	1607 OLD BURNT STORE RD N
X Add			CAPE CORAL, FLORIDA
Remove			33993
 2) Change	P	MAXWEL NUNEZ CUADRA	1607 OLD BURNT STORE RD N
Add			CAPE CORAL, FLORIDA
X Remove 3) Change	VP	MAXWEL NUNEZ CUADRA	33993 1607 OLD BURNT STORE RD N
X Add			CAPE CORAL, FLORIDA
Remove			33993
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)
N/A	
·	
	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
•	13/2023	
Effective date <u>if applicable</u> :	4 00 1 6 1 10 1	. -
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amer ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
09/13/202 Dated		
Signature		
selecte	lirector, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or of	
аррон	tted fiduciary by that fiduciary)	
	MAXWEL NUNEZ CUADRA	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	-