P23000077209

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	VALCAM SERVE	CES CORP				
DOCUMENT NUM	P23000077209			_		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	MIGUEL A MAYORGA					
	- AAP	Name of Contact Per	son			
		Firm/ Company				
	12990 POSITANO CIR APT	208				
		Address				
	NAPLES, FL, 34105					
		City/ State and Zip C	ode			
	VALCAMSERVICES@GM.	AIL.COM				
	E-mail address: (to be us	ed for future annual rep	ort notification)	_		
				= 121	7021	
For further informati	on concerning this matter, pleas	se call:			2024 MAY	B CX
MIGUEL A MAYO	RGA	786 at ()	* 11 	7-7	
Namo	of Contact Person	Area	Code & Daytime Telephone N	, ,		
Enclosed is a check f	for the following amount made	payable to the Florida D	epartment of State:		AH 10: 20	
\$35 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)		20	
	ailing Address		et Address			
	nendment Section		endment Section			
171	VISROITER CONTROLATIONS	LIIV	INDULIO LA CONTROPACION			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

VALCAM SERVICES CORP

its Articles of Incorporation: A. If amending name, enter the new name of the corporation: VALCAM SERVICES & INSURANCE CORP name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must cont. "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) APT 208 NAPLES, FL, 34105 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) APT 208 NAPLES, FL, 34105 D. If amending the registered agent and/or registered office address in Florida, enter the name of the	(Document Number of Corporation (if known) and to the provisions of section 607.1006, Florida Statutes, this Florida Profu Corporation adopts the following amendment(s) to icles of Incorporation: amending name, enter the new name of the corporation: ZAM SERVICES & INSURANCE CORP The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," " or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word tered." "professional association," or the abbreviation "P.A." Iter new principal office address, if applicable: [12990 POSITANO CIR] APT 208 NAPLES, FL, 34105	(Name	of Corporation as curren	tly filed with the Florida Dept. o	f State)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the follow its Articles of Incorporation: A. If amending name, enter the new name of the corporation: VALCAM SERVICES & INSURANCE CORP name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must cont. "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) APT 208 NAPLES, FL, 34105 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 address in Florida, enter the name of the	ant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to icles of Incorporation: amending name, enter the new name of the corporation: CAM SERVICES & INSURANCE CORP The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word tered." "professional association," or the abbreviation "P.A." Iter new principal office address, if applicable: 12990 POSITANO CIR APT 208 NAPLES, FL. 34105 12990 POSITANO CIR APT 208 NAPLES, FL. 34105 12990 POSITANO CIR APT 208 NAPLES, FL. 34105	P23000077209				
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the	NAPLES, FL, 34105 amending the registered agent and/or registered office address in Florida, enter the name of the w registered agent and/or the new registered office address: Name of New Registered Agent N/A N/A			12990 POSITANO CIR		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	amending the registered agent and/or registered office address in Florida, enter the name of the w registered agent and/or the new registered office address: Name of New Registered Agent N/A N/A	<u> </u>		APT 208	: 2 0	
	Name of New Registered Agent N/A N/A			NAPLES, FL, 34105		
new registered agent and/or the new registered office address:	Name of New Registered Agent N/A N/A N/A N/A N/A N/A				of the	property Services
Name of New Registered Agent N/A	N/A Colored to the co	Name of New Registered Agent	N/A			3 7 8 2
N/A	(Elastia street diletta)		N/A			النبعة
(Florida street address)	(r iorida street address)		(Florida s	treet address)	<u> </u>	
New Registered Office Address: N/A , Florida	New Registered Office Address: N/A New Registered Office Address: N/A	New Registered Office Address:	N/A	, F	N/A lorida	
(City) (Zi	(City) (Zip Code)			(City)	(Zip Code)	
		New Registered Agent's Signature if a	hanging Registered Ager	nt-		
New Registered Agent's Signature, if changing Registered Agent-	legistered Agent's Signature, if changing Registered Agent-				f the position.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position						
			Signature of New	Registered Agent, if changing	- -	
	by accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Check if applicable				
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	by accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing	☐ The amendment(s) is/are being filed p	ursuant 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	PT	<u>John Do</u>	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		<u> </u>		
Ad d				·
Remove 3) Change				
Add				
Remove				
4) Change		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change		<u></u>		
Add				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
IVA	
	
	_
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
TVA	

04/23/2024
The date of each amendment(s) adoption:, if other than
date this document was signed.
04/23/2024
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 statement must be separately provided 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
(voling group)
04/02/0004
04/23/2024 Dated
M)
Given the state of
Signature (By a director president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
appointed findering by that findering f
MIGUEL A MAYORGA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)