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## COR AMND/RESTATE/CORRECT OR O/D RESIGN **BAITAZ CORP**

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## **COVER LETTER**

TO: Amendment Section Division of Corpor			
NAME OF CORPORA	ATION: BAITAZ CORP		
DOCUMENT NUMBI			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
ķ	CAROLINA TORRES		
		Name of Contact Persor	1
k	CTORRES SERVICES COR	tP .	
_	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
2	01 SE 15TH TER STE 211	· · · · · · · · · · · · · · · · · · ·	
_		Address	
_	DEERFIELD BEACH FL 33441		
		City/ State and Zip Code	•
k	TORRES@KTORRESSER	VICES.COM	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
KAROLINA TORRES		at (	) 380-0755 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address Inent Section In of Corporations In of Tallahassee I. Monroe Street, Suite 810 Issee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BAITAZ CORP		
	as currently filed with the	Florida Dept. of State)
P23000080951		
(Document	t Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Suits Articles of Incorporation:	atutes, this Florida Profit C	orporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbrevial	r "Co". A professional c	scorporated" or the abbreviation "Corp "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE		
(1 tincqui vijice address <u>incest be A STREET ADDRE</u>	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
<b>7 1 1 1 1 1 1 1 1 1 1</b>		
D. If amending the registered agent and/or registered onew registered agent and/or the new registered offlicence.	office address in Florida, e ce address:	enter the name of the
	· · · · · · · · · · · · · · · · · · ·	
<del> </del>	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent. I an	n familiar with and accept to	he obligations of the position.
Signature	e 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	$\overline{\mathbf{L}}$	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) X Change	MGR	ALEXANDRE M BENJO	9170 GLADES RD # 189
Add			BOCA RATON FL 33434
Remove			<u> </u>
2) Change	VP	SOLANGE MANDEL FRIED	9170 GLADES RD # 189
Add			BOCA RATON FL 33434
X Remove 3) Change	MGR	ELI DJAMENT BAUMFLEK	9170 GLADES RD # 189
Add			BOCA RATON FL 33434
X Remove			
4) Change	P	JONAS M BENJO	9170 GLADES RD # 189
X Add			BOCA RATON FL 33434
Remove			
5) Change			
Add			
Remove			- <del></del>
6) Change			
Add			
Remove			

an amendment provides for an exchang	e, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	nent if not contained in the amendment Itself:
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	-

1	ov.

The date of each amendment(s) as date this document was signed.	optlen:	if other then the
Effective date <u>if applicable</u> :		
	(no more than 90 days after puendment file date)	<del></del>
Note: If the date inserted in this bi document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amon fileient for approval.	dment(s)
must be separately provided for	reved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(	
	for the emendment(s) was/were sufficient for approval	
by	(voting group)	
11/30/2023 Daled	10 1 01 0	/
selecte	irector, president or other officer - if directors or officers have add, by an incorporator - if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	ALEXANDRE M BENIO	
	(Typed or printed name of person signing)	<del></del>
	MGR	
	(Title of person signing)	