## Pa30000 860069

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MARCAPASO US	SRL CORP	<u> </u>
DOCUMENT NUMI	BER: P23000086069		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	LUIS DIAZGRANADOS		
		Name of Contact Person	1
		Firm/ Company	
	1021 SW 75TH TERR		
	-	Address	
	PLANTATION, FL 33317		
		City/ State and Zip Code	2
	LSJVR@HOTMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
LUIS DIAZGRANA	OOS	at (	970-6538
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

	Articles of Amendment to	230°C 20°C 20°C 20°C 20°C 20°C 20°C 20°C 2
	Articles of Incorporation of	
IARCAPASO USRL CORP		9.
(Name of Corp	poration as currently filed with the Florida	Dept. of State)
23000086069		
(1	Document Number of Corporation (if known)	)
rsuant to the provisions of section 607.1006, I Articles of Incorporation:	Florida Statutes, this Florida Profit Corporat	tion adopts the following amendment(
If amending name, enter the new name of	the corporation:	
IARCAPASO SURL CORP		The new
ime must be distinguishable and contain the wo inc.," or Co.," or the designation "Corp," chartered," "professional association," or the	"Inc," or "Co". A professional corporat	
Enter new principal office address, if appl rincipal office address <u>MUST BE A STREE</u>		
	A-19-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
	registered office address in Florida, enter th	ne name of the
(Mailing address MAY BE A POST OFFICE A POST	registered office address in Florida, enter th	ne name of the
(Mailing address MAY BE A POST OFFICE A post of the segment and se	registered office address in Florida, enter th	ne name of the
(Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or renew registered agent and/or the new regis	registered office address in Florida, enter th	ne name of the
(Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or renew registered agent and/or the new regis	registered office address in Florida, enter the stered office address:	ne name of the

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>P1</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change	_		
Add			
Remove			

Attach additional sheets, if necessary).	rticles, enter change(s) here: ). (Be specific)	
	• • •	
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	action cite in the contained in the amendment reserv	
,		

	) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendmen	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
12/20/2	3	
Dated	<del>-</del>	
Signature	Serve Control of the	
(By sele	a director, president or other officer – if directors or officers have a cted, by an incorporator – if in the hands of a receiver, trustee, or obinted fiduciary by that fiduciary)	
	FRANCISCO PEREZ	
	(Typed or printed name of person signing)	<u>, , , , , , , , , , , , , , , , , , , </u>
	PRESIDENT	
	(Title of person signing)	