P24000005079

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03/05/2024

NAME: LAVISHNESS SOUTH AMERICA CORP

TYPE OF FILING: AMENDMENT

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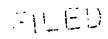
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORAT	TION: LAVISHNESS SC	OUTH AMERICA CORP	
DOCUMENT N		P24000005079		
The enclosed Ar.	ticles of .	Amendment and fee are su	bmitted for filing.	
Please return all	correspo	ndence concerning this ma	tter to the following:	
	МІІ	ENA CABALELRO		
			Name of Contact Persor	1
	RE	D CONSULTING USA		
			Firm/ Company	
	110	1 BRICKELL AVE SOL	ITH TOWER 8 FLOOR	
	-		Address	
	Miz	AMI , FL 33131		
			City/ State and Zip Code	
	INF	O@REDCONSULTING	SUS.COM	
		E-mail address: (to be us	sed for future annual report	notification)
		oncerning this matter, pleas		
MILENA CABALLERO			at (489 - 8071
N	lame of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a cho	eck for th	e following amount made	payable to the Florida Depa	artment of State:
S35 Filing F	Foe	□\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



LAVISHNESS SOUTH AMERICA CORP

2024 HAR -5 AM 18: 39

(Name of Corporation as currently	filed with the Florida Dept. of State)
P24000005079	a rectain
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<u></u>	Thenew
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P A."	ompany, "or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	 -
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 addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida City) (Zip Code)
,	(infrared)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Signature of New Ke	gmered Agent, ij entinging
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>	John De	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	MGR		MEZA, PABLO S	8995 NW 161 TERRACE
Add				MIAMI LAKES, FL 33018
Remove				
2) X Change	MGR	_	MARTELOTTO, MARCELO E	8995 NW 161 TERRACE
Add				MIAMI LAKES, FL 33018
Remove 3) Change	Р		CABALLERO, MILENA	1101 BRICKELL AVE
X Add		_	1	ST 8 FLOOR
Remove				MIAMI, FL 33131
4) Change	MGR		GRUPO RED INTERNATIONAL C	1101 BRICKELL AVE
Add				SOUTH TOWER 8 FLOOR
X Remove				MIAMI , FL 33131
5) Change		_		
Add				
Remove				
6) Change				
Add				_
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
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. If an amendment provides for an exch	ange, reclassification, or cancellation of issued sh	ares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
()		
		.,,

f other than the
be listed as the
eholder

(Title of person signing)