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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _Vistas Mobility Solutions, Inc.

DOCUMENT NUMBER: ______

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Wang

Name of Contact Person

Firm/ Company

20505 E Country Club Dr., Unit 1839 Address

Miami, FL 33180

City/ State and Zip Code

B-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Wang	at (.518) 3302784
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & ☑ \$4

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Taliahassee 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303 DocuSign Envelope ID: EC8E5190-854E-4900-9E0A-63FFA9D53077

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Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 = ChiefExecutive 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.

7

Example:

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X Change	PT	<u>John Doe</u>		
X Remove	¥	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
I) Change	_P	Heloişa M Martyn	_3660 Iditarod Ln	
Add			Orlando, FL 32839	
<u>x</u> Remove				
2) Change	_ <u>P</u>	Richard Wang	20505 E Country Club Dr. Unit 1839	
_x Add			Miami, FL 33180	
3) Remove				
Add				
Remove				
4) Change				
Add			<u> </u>	
Remove				
5) Change	<u></u>			
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Remove				

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(Attach <i>additic</i>	nal sheeis, if necessary).	(Be specific)			
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lf an amendn	ient provides for an exch	ange, reclassification	or cancellation of k	sued shares,	
provisions fo (if not ap	r Implementing the amer plicable, indicate N/A)	<u>idment if not contain</u>	<u>ed in the amendmen</u>	<u>t itself:</u>	
······································					
				<u></u>	
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E. If amending or adding additional Articles, enter change(s) here:

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The date of each amendment(s) adoption03/08/2024 date this document was signed.	, if other than the
Effective date <u>if applicable</u> : <u>03/08/2024</u> (ha more than 90 di	ave after amendment file date)
Note: If the date inserted in this block drive not meet the applicabl document's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or boa action was not required.	rd of directors without shareholder action and shareholder
The amendment(s) was/were idopted by the shareholders. The m by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders throug must be separately provided for each woting group entitled to vot.	th voting groups. The following statement e separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were s	sufficient for approval
by	
by(voting group)	
Dated	
	DocuSigned by
Signature	HeloisaMartyn
(By a director, president or other officer- selected, by an incorporator – if in the ha appointed fiduciary by that fiduciary)	
Heloisa M Martyn	
(Typed or printed nam	ne of person signing)
incorporator	

(Title of person signing)