P24000012498

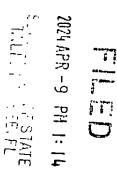
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	. Certificates	s of Status			
Special Instructions to I	Special Instructions to Filing Officer:				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: OLDE CORPORA	TION					
DOCUMENT NUMBI	P24000012498						
The enclosed Articles o	f Amendment and fee are sul	bmitted for filing.					
Please return all corresp	ondence concerning this mat	tter to the following:					
J	ORGE BLANCO						
_		Name of Contact Person					
C	CAPITAL BROKERS						
_	Firm/ Company						
1	9790 W DIXIE HWY STE I	1001					
_		Address					
N	MAME, FL 33180						
_		City/ State and Zip Code	,				
f	inancial@capitalbrokersusa.c	com					
_	E-mail address: (to be us	ed for future annual report	notification)				
For further information	concerning this matter, pleas	se call:					
PAOLA DAVID		at ()				
Name of	Contact Person		le & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)				
Amer Divis P.O. 1	ng Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Cc 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303				

Articles of Amendment to Articles of Incorporation of

FILED

LDE CORPORATION	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State) 1 1: 4
24000012498	5
(Document Numbe	r of Corporation (if known) i
tursuant to the provisions of section 607.1006, Florida Statutes, the s Articles of Incorporation:	is Florida Profit Corporation adopts the following amend
. If amending name, enter the new name of the corporation:	
٧٨	The 1
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", 'chartered," "professional association," or the abbreviation "P.2	"company," or "incorporated" or the abbreviation "Corp A professional corporation name must contain the wa
. Enter new principal office address, if applicable:	NA
Principal office address MUST BE A STREET ADDRESS)	NA
	NA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
	NA
	NA
). If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	ess:
Name of New Registered Agent NA	
NA	
(Florida	street address)
	. Florida ^{NA}
New Registered Office Address:	

☐ 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 Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones.	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	MARIA C DELGADO	3800 HILLCREST DR, APT 319
X Add				HOLLYWOOD, FL 33021
Remove			•	
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				<u></u>
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding add (Attach additional sheets, if)	necessary).	(Be specific)					
NA					_		
NA					_		
NA .							
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F. If an amendment provides provisions for implement (if not applicable, indi	ing the amei	ange, reclassific	ation, or cance	ellation of issue amendment its	d shares, elf:		
			•		 		
NA NA	·	- Vine					
				 			
NA						 	
NA							
NA							
NA NA							

DocuSign Envelope ID: 69BBD10E-A6E2-4D6A-AA5E-2F8939CBFA16

	02/15/2024	
The date of each amendment(s) adopti	on:	, if other than the
date this document was signed.		
02/15/20:	24	
Effective date <u>if applicable</u> :	(no more than 90 day:	s after amendment file date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable ment of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board	of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient		ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each		
"The number of votes east for t	he amendment(s) was/were sul	ficient for approval
by 100		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
04/03/2024		
Dated	DocuSigned by	-
0'	Anbergh	
selected, by		if directors or officers have not been ds of a receiver, trustee, or other court
ANI	DREA C OLARTE	
	(Typed or printed name	of person signing)
PRE	SIDENT	
	(Title of person signing)