## P24000013709

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07/10/24--01028--022 \*\*85.00



## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: A707.CORP DOCUMENT NUMBER: P24000013769 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARGARITA MARTIN Name of Contact Person TAX MEDIC CORPORATE SERVICES LLC Firm/ Company 7911 NW 72ND AVE STE 219B Address MEDLEY FL 33166 City/ State and Zip Code TAXMEDIC911@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARGARITA MARTIN Name of Contact Person 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 & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

A707.CORP

## (Name of Corporation as currently filed with the Florida Dept. of State) P24000013709 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

N/A

Name of New Registered Agent				
		(Florida street address)		
		· · · · · · · · · · · · · · · · · · ·		
	N/A		N/A	
New Registered Office Address:			Florida N/A	
		(City)	(Zin Code)	

New Registered Agent's Signature, if changing Registered Agent;

Check if applicable

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

Signature of New Registered Agent, if changing ☐ 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	PT	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	P	ALBA L BRICENO BRICENO	17850 SW 50TH CT	
Add			SOUTHWEST RANCHES, FL 333	
X Remove				
2) Change	P	ROMINA FLORENCIA SARZUI	R 17850 SW 50TH CT	
X Add			SOUTHWEST RANCHES, FL 333	
Remove 3.) Change		_		
Add			-	
Remove				
4) Change		-		
Add				
Remove				
5) Change				
Add				
Remove			***	
6) Change				
Add			•	
Remove			CABLE A	
			CABLE AND YOR YOUR OF COMPORATIONS ALLUHASSEE, FLORIDA	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	·
	<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued share	<u></u>
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
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	SIG S
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	CABLE AHD/O PH 2: 3.
	7.00 TO 100 TO 1
	PH 2: 3.
	AB S
	120

	07/02/2024	
The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
<del></del>	tno more than 90 days after amendmen	n file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing reartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop action was not required.	ed by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast icient for approval.	for the amendment(s)
	oved by the shareholders through voting groups. The ich voting group entitled to vote separately on the	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approv	val
by		•
•	(voting group)	
Dated 3	2/24 ctor, president or other officer – if directors or offi	
solected,	by an incorporator - if in the hands of a receiver, to fiduciary by that fiduciary)	
A	LBA L BRICENO BRICENO	
	(Typed or printed name of person signing	<del>(j)                                    </del>
_	(Title of person signing)	

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