P24000015556

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)	_		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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2024 MAY 29 PH 10: 49

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

-		 !
SUNSET MIRAGE	E CORP.	
		
Please Debit FCA00	00000003 For: 35	
Thank you Seth Nee	eley	
Step		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Phuto Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1.		Officer Search
A	7/	Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
W-11. T.		UCC 11 Retrieval
Walk-In Thomselve, SA 6	Will Pick Up	Courier

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO		RAGE CORP.			
DOCUMENT NUMBER: _	P24000015556				
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing	; .		
Please return all corresponder	ice concerning this ma	tter to the follow	ing:		
	D	iner Aldeus			
	Sı	Name of Continued Mirage	tact Person		
	9579 N	Firm/ Cor	mpany		
-	CODA	Addre			
	CORA	L SPRINGS, FL City/ State and		<u>.</u>	
	info@b	ottomup.com	·		
E-	mail address: (to be us	sed for future ann	ual report i	notific	ation)
For further information conce	rning this matter, pleas	se call:			
Kasmyhr		at (561)	777.7776
Name of Contr	ict Person				aytime Telephone Number
Enclosed is a check for the fo	lowing amount made	payable to the Flo	orida Depa	rtmeni	of State:
-	\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Cop (Additional copenciosed)	ру	Ce Ce (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee.	Section Corporations 27		The Ce 2415 N	nent S n of Co ntre o . Moi	

Articles of Amendment to Articles of Incorporation of

Sunset Mirage Corp.

2024 MA 29 PH 10.

(Name of Corporation as currently filed with the Florida Dept. of State)

P240000	15556	
(Doc	ument Number of Corporation (if know	n)
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit Corpor	ation adopts the following amendmen
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb	c," or "Co". A professional corpora	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
D. If amending the registered agent and/or registenew registered agent and/or the new registere	tered office address in Florida, enter d office address:	the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obl	igations of the position.
Sign	nature of New Registered Agent, if char	nging
Jig	mane of hen negistered rigent, if chai	rgmg

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 = 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 Joh	n <u>Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	AMBR	Exante Joseph Cerine	9579 NW 27TH ST.
x Add			CORAL SPRINGS, FL 33065
Remove			9579 NW 27TH ST.
2) Change	AMBR	Ceconme Cerine	CORAL SPRINGS, FL 33065
_x Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or addi	ing additional Art	<u>icles, enter cha</u> i	nge(s) here:			
ttach <i>additional she</i>	eets, if necessary).	(Be specific)				
						
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an amandmant or	ovides for an exch	anna rodassifi	ination or oan	allatias afigur	ad abayes	
rovisions for impl	ementing the ame	ndment if not c	ontained in th	e amendment it	self:	
(if not applicabl	le, indicate N/A)					
				-		
<u>-</u>	-				<u>-</u> .	
		. ————		-		<u>_</u>

The date of each amend date this document was si		pption:	, if other than the
Effective date <u>if applica</u>	<u>ble</u> :		
		(no more than 90	days after amendment file date)
		ck does not meet the applica	able statutory filing requirements, this date will not be listed as the
Adoption of Amendmen	t(s)	(<u>CHECK ONE</u>)	
The amendment(s) was action was not require		ted by the incorporators, or bo	pard of directors without shareholder action and shareholder
☐ The amendment(s) wa by the shareholders w			number of votes cast for the amendment(s)
			ugh voting groups. The following statement ote separately on the amendment(s):
"The number of	votes cast fo	or the amendment(s) was/were	sufficient for approval
by			
		(voting group)	
Dated_	05.15.202	4	
Signatu	re /S/	Diner Uldeus	
o guille	(By a dire selected,		r – if directors or officers have not been hands of a receiver, trustee, or other court
		Diner Aldeus	
		(Typed or printed na	ame of person signing)
		Manager	
	_	(Title of person sign	ning)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		RAGE CORP.					
P24000015556							
The enclosed Articles of Ame	<i>ndment</i> and fee are su	bmitted for filin	g.				
Please return all corresponden	ice concerning this ma	tter to the follow	ving;				
	D	iner Aldeus					
	Sı	Name of Cor inset Mirage	ntact Person				
	9579 N	Firm/ Co	ompany				
	CORA	Addı L SPRINGS, FL					
		City/ State ar					
	info@b	ottomup.com					
——————————————————————————————————————	mail address: (to be us	sed for future and	nual report r	notification)			
For further information concer	rning this matter, pleas	se call:					
Kasmyhr		at (561	777.7776			
Name of Conta		Area Cod	& Daytime Telephone Number				
Enclosed is a check for the fol	lowing amount made	payable to the F	lorida Depar	tment of State:			
_	\$43.75 Filing Fee & Certificate of Status	S43.75 Filit Certified Co (Additional of enclosed)	opy	☐\$52.50 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			Division The Cer 2415 N	address nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303			