## P24000016045

| (R                      | equestor's Name)       |
|-------------------------|------------------------|
| (A                      | ddress)                |
| (A                      | ddress)                |
| (C                      | ity/State/Zip/Phone #) |
| PICK-UP                 | WAIT MAIL              |
| (B                      | usiness Entity Name)   |
| (D                      | ocument Number)        |
| Certified Copies        | Certificates of Status |
| Special Instructions to | Filing Officer:        |
|                         | MAY 1 3 2024           |
|                         |                        |
|                         |                        |

Office Use Only



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04/19/24--01027--017 \*\*35.00

2024 APR 19 PH 12: 38

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:  | NIORKA                                      | SANCHEZ                              | PA  |  |  |  |
|---|---|--------------------------------------|---|--|--|--|
| OCUMENT NUMBER: P2400016045   |   |                                      |   |  |  |  |
| The enclosed Articles of Amendment  | and fee are submitted for                   | filing.                              |   |  |  |  |
| Please return all correspondence conc   | erning this matter to the fe                | sllowing:                            |   |  |  |  |
| Ni  | URKA SANC                                   |                                      | LRETO   |  |  |  |
|   | Name of                                     | Contact Person                       |   |  |  |  |
| Щ:  |   | Company  2Nd St                      | <del></del>   |  |  |  |
| <del></del>   |   | Address<br>NE, FL                    | 33317   |  |  |  |
|   | City/ Star                                  | te and Zip Code                      |   |  |  |  |
| E-mail add  | NIVRKASANCH<br>dress: (to be used for futur | EZ@ hotm/<br>e annual report notifie | cation)   |  |  |  |
| For further information concerning th   | ALVETO                                      | ni 786, !                            | 5315758   |  |  |  |
| Name of Contact Perso   | on  | Area Code & I                        | Daytime Telephone Number  |  |  |  |
| Enclosed is a check for the following   | amount made payable to tl                   | he Florida Departmen                 | nt of State:  |  |  |  |
|   | nte of Status Certific                      | d Copy Conal copy is Cod) (A         | 52.50 Filing Fee<br>ertificate of Status<br>ertified Copy<br>Additional Copy<br>s enclosed) |  |  |  |
| Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallabassee, FL 323 | itions                                      |                                      | Section   |  |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

|   | Articles of Incorpo                | ration                      | FILE                                |
|---|------------------------------------|-----------------------------|-------------------------------------|
| Niulak  | A SANCHEZ                          | OA.                         | 2024 AFR 19 PH 12: 36               |
| (Name of Corp.  | oration as currently file          | d with the Florida          | Dept. of State) PH/2: 20            |
| -   | P248000                            |                             | 98                                  |
| (D  | ocument Number of Cor              | poration (if known)         |                                     |
| rsuant to the provisions of section 607,1006, F<br>Articles of Incorporation: | lorida Statutes, this <i>Flori</i> | da Profit Corporati         | ion adopts the following amendment( |
| If amending name, enter the new name of                                       | he corporation:                    |                             |                                     |
| NIURKA SANCHE   | 2 BARRETO                          | PA                          | The new                             |
| Enter new principal office address, if appli                                  | cable:                             |                             |                                     |
| rincipal office address <u>MUST BE A STREET</u>                               | AIMALSS                            |                             |                                     |
|   |                                    |                             |                                     |
|   | _                                  |                             |                                     |
| Enter new mailing address, if applicable:                                     |                                    |                             |                                     |
| (Mailing address MAY BE A POST OFFIC  | <u>E BOX</u> )                     |                             |                                     |
|   |                                    |                             |                                     |
|   |                                    |                             |                                     |
|   |                                    |                             |                                     |
| If amending the registered agent and/or re                                    | gistered office address            | <u>in Florida, enter tl</u> | ne name of the                      |
| new registered agent and/or the new regis                                     | tered office address:              |                             |                                     |
| Name of New Registered Agent  |                                    |                             |                                     |
|   |                                    |                             |                                     |
|   | (Florida street a                  | ddress)                     |                                     |
| New Registered Office Address:  |                                    |                             | , Florida                           |
| ten regimenti synge retareta.   | (Cin                               | ij                          | , Florida<br>(Zip Code)             |
|   |                                    |                             |                                     |
|   |                                    |                             |                                     |
| ew Registered Agent's Signature, if changing                                  | g Registered Agent:                | and accept the abli         | actions of the nacition             |
| hereby accept the appointment as registered a                                 | geni i am jamiliar with            | ана ассері іле одн          | хиионх ој те ромивт.                |

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

| . <u>If amendu</u>                    | ng or adding addition                      | onal Articles, en                     | ter change(s) he  | <u>re</u> :       |                  |               |
|---------------------------------------|--|---------------------------------------|-------------------|-------------------|------------------|---------------|
| (Attach add                           | litional sheets, if nec                    | essary). (Be sp                       | ecific)           |                   |                  |               |
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| F. If an ame                          | endment proyides fo                        | r an exchange. (                      | reclassification. | or cancellation o | f issued shares, |               |
| provisio                              | ns for implementing of applicable, indica- | the amendmen                          | t if not containe | d in the amendn   | ient itself:     |               |
| (if n                                 | ot applicable, indica                      | te N/A)                               |                   |                   |                  |               |
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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.

| X Change                   | <u>PT</u> | <u>John Do</u>  | <u>e</u>    |         |             |                     |
|----------------------------|-----------|-----------------|-------------|---------|-------------|---------------------|
| X Remove                   | Y         | Mike Jo         | nes         |         |             |                     |
| X Add                      | <u>sv</u> | <u>Şaliy Şn</u> | <u>aith</u> |         |             |                     |
| Type of Action (Check One) | Title     |                 | <u>Name</u> |         |             | <u>Addres</u> s     |
| 1) Change                  | _P        |                 | Niurka      | SANCHEZ | SAMETO      | 4501 SW 22Nd ST     |
| X_ Add                     |           |                 |             |         |             | Ft Woordale FL 3331 |
| Remove                     |           |                 |             |         |             |                     |
| 2) Change                  |           | <del></del>     |             |         | <del></del> |                     |
| Add                        |           |                 |             |         |             |                     |
| Remove 3) Change           |           |                 |             |         |             |                     |
| Add                        |           |                 |             |         |             |                     |
| Remove                     |           |                 |             |         |             |                     |
| 4) Change                  |           |                 |             |         | <del></del> |                     |
| Add                        |           |                 |             |         |             |                     |
| Remove                     |           |                 |             |         |             |                     |
| 5)Change                   |           |                 |             |         |             |                     |
| Add                        |           |                 |             |         |             |                     |
| Remove                     |           |                 |             |         |             |                     |
| 6)Change                   |           |                 |             |         |             |                     |
| Add                        |           |                 |             |         |             |                     |
| Remove                     |           |                 |             |         |             |                     |

|  | if other than the  |
|--|--|
| date this document was signed.   |  |
| Effective date if applicable: (no more than 90 days after an   |  |
| (no more than 90 days after an   | nendment file date)                                      |
| Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.          | 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 board of direct action was not required.  | ors without shareholder action and shareholder           |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of verby the shareholders was/were sufficient for approval.                          | otes cast for the amendment(s)                           |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups the separately provided for each voting group entitled to vote separately |  |
| "The number of votes cast for the amendment(s) was/were sufficient for   | or approval  |
| by   | <u> </u>   |
| (voting group)   |  |
| Signature  (By a director, president or other officer – if director)   |  |
| selected, by an incorporator – if in the hands of a re appointed fiduciary by that fiduciary)  | ceiver, trustee, or other court                          |
|  | HEZ BARRETO  |
| (Typed or printed name of person   | n signing)   |
| PRESIDENT  |  |
| (Title of person signing)  | ··   |