P240000/6912

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(Address)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: MARSADOM MI	AMI CORP				
DOCUMENT NUM	P24000016912					
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	DAVID HERNANDEZ, CP.	Α				
	Name of Contact Person MAX FINANCIAL					
		Firm/ Company				
	150 SE 2ND AVE SUITE 20)5				
	MIAMI, FL 33131	Address				
		City/ State and Zip Cod	<u> </u>			
	MAX@MAXFINANCIALTEAM.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call; 305 at (707-8007			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State;			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee S. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment to Articles of Incorporation of

MARSADOM MIAMI CORP

(Name of Corporation as currently filed with the Florida Dept. of	State)
P24000016912	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopt its Articles of Incorporation:	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The arms
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or to "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name "chartered." "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1.1 6 1.1 1.203 E. 1.1.1 1.1 1.1.1 1.1.1 1.1.1 1.1.1 1.1.1 1.1.1 1.1.1 1.1.1 1.1.1 1.1.1 1.1.1 1.1.1 1.1.1 1
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	f the S
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: Flo	orida(Zip Code)
(City)	(ZIP Code)
New Registered Agent's Signature, if changing Registered Agent: 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	
Check if applicable	

 \square 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>	<u>John De</u>	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VPD		ANA K SANTELISES HACHE	150 SE 2ND AVE SUITE 205
X Add				MIAMI, FL 33131
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change				-
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional st	ing additional Articles, enter clacets, if necessary). (Be specific			
LEASE ADD FE/EIN	NUMBER: 99-1808789	~		
				
	-			·
MACA.				
-	.			
				
				_
			<u>.</u>	
provisions for imp	covides for an exchange, reclass lementing the amendment if no le. indicate N/A)	t contained in the amen	n of issued shares, dment itself:	
	-			
-				
	····			
				

The date of each amendmen date this document was signe		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and	shareholder
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es east for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
Dated	7/8/2024	• •
Signature		_
s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	MARIO A LATOUR PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT AND DIRECTOR	
	(Title of person signing)	