## P2400017563

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amend

JU'\_ 30 2024 A RAMSEY

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DE	LA ROSA HERA CORP		
DOCUMENT NUMBER: P240000			<del>-</del>
The enclosed Articles of Amendmen	n and fee are submitted for	r filing.	
Please return all correspondence con	cerning this matter to the t	following:	
ARLETTY H	ERA DE LA ROSA		
		f Contact Person	
DE LA ROSA	N HERA CORP		
	Fire	ਸ/ Company	
7805 SW 152	AVE13		
<del></del>		Address	
MIAMI, FL 3	3193		
	City/ St	ate and Zip Code	<del></del>
ALETTYHER	RADELAROA@ICLOUD	.СОМ	
E-mail ac	dress: (to be used for futu	re annual report n	otification)
For further information concerning the ARLETTY HERA DE LA ROSA	·	at ( <sup>786</sup>	606 6773
Name of Contact Pers			2 & Daytime Telephone Number
Enclosed is a check for the following			•
	ate of Status Certific	5 Fiting Fee & ed Copy onal copy is ed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations	Division The Cer 2415 N.	ddress ent Section of Corporations etre of Tallahassee Monroe Street, Suite 810 see, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

MAINLIS AMILION

DE LA ROSA HERA CORP

	on as currently filed with the Florida Dept: of State)
24000017563	Control of the Contro
(Docum	nent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the co	orporation:
	The new
ame must be distinguishable and contain the word "co Inc" or Co.," or the designation "Corp." "Inc," chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word eviation "P.A."
. Enter new principal office address, if applicable	•
Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable:	.v.
(Mailing address MAY BE A POST OFFICE BO.	<u></u>
. If amending the registered agent and/or register	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
The test to the test the test to the test test to the test test test test test test test	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Regi	istered Agent:
hereby accept the appointment as registered agent. I	l am familiar with and accept the obligations of the position.
<del></del>	CN D :
Signa	ture of New Registered Agent, if changing
heck if applicable	

☐ 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	RENE DOMINGUEZ ALVAREZ	7805 SW 152 AVE APT 13,
X Add			MIAMI, FL 33193
Remove			
2) Change	P	ARLETTY HERA DE LA ROSA	7805 SW 152 AVE APT 13,
Add			MIAMI, FL 33193
X Remove 3) Change	<u>v</u>	ARLETTY HERA DE LA ROSA	7805 SW 152 AVE APT 13, MIAMI, FL 33193
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del>-</del>	
lf an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(i) not apprecible, materie (v.v.)	

.

The date of each amendment(s	) adoption:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ames sufficient for approval.	endment(s)
☐ The amendment(s) was/were must be separately provided.	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendmen	ng statement n(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	_	
	(voting group)	
07/03/20 Dated	024	
Signature (C		
(By sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	not been other court
	DE LA ROSA HERA CORP	
	(Typed or printed name of person signing)	
	Vicepresident.	
	(Title of person signing)	