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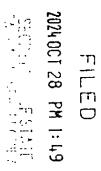
| (Requestor's Name) |
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| , , , , , |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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| J. HORNE NOV 18 2024 |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATI | ON: | LT SALES & SERVICE | ., INC | |
|-----------------------------------|---|--|--|--|
| DOCUMENT NUMBER: | | P24000019079 | | |
| The enclosed Articles of A | | bmitted for filing. | | |
| Please return all correspond | | • | | |
| riease return an correspond | tence concerning this ma | ner to the following. | | |
| | | ELIEZER DURAN | | |
| -1 | | Name of Contact Persor | | |
| | DU. | JRAN GROUP & ASSOCIATES, P.A. | | |
| | Firm/ Company | | | |
| | 1001 N FEDERAL HWY, SUITE 355 | | | |
| | Address HALLANDALE BEACH, FL 33009 | | | |
| | City/ State and Zip Code | | | |
| | | | | |
| | E-mail address: (to be us | durangroupa@gmail.cor sed for future annual report | | |
| | 15 man andress, (10 be a | ett for future unitual report | notticution, | |
| For further information con | cerning this matter, plea | se call: | | |
| ELIEZEI | R DURAN | at (| 5-, 900-5515 | |
| Name of Contact Person | | Area Coo | 5- 900-5515) le & Daytime Telephone Number | |
| Enclosed is a check for the | following amount made | payable to the Florida Depa | rtment 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) | |
| Mailing Address Amendment Section | | Street Address Amendment Section | | |
| Division P.O. Box | of Corporations 6327 | | n of Corporations entre of Tallahassee | |
| | ee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

| FILED | |
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| 2024 OCT 28 DV | |
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| 2024 OCT 28 orida Dept. of State) | 111 12 49 |
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| | THE P. |
| poration adopts the fo | llowing amendment(s) |
| | |
| | The new |
| orporated" or the abbr poration name must | eviation "Corp.," contain the word |
| | |
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| | |
| ter the name of the | |
| | |
| | |
| Florida | |
| , T K2 KM | (Zip Code) |
| | provided" or the abbrication name must be ter the name of the Florida |

Check if applicable \Box 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 | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| (Check One) 1) Change | VP | CARLOS R. PERALTA | 1919 VAN BUREN ST, UNIT 220 |
| X Add | | | HOLLYWOOD, FL 33020 |
| Remove | | | |
| 2) Change | , | | |
| Add | | | |
| Remove 3) Change | | _ | |
| Add | | | |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach a | ding or adding adding dding dding or adding dding d Dding dding dd | ecessary). (Be sj | pecific) | · - | | |
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| provisi | endment provides f ons for implementin | g the amendment | eclassification, c if not contained | or cancellation of I in the amendme | issued shares, ent itself; | |
| (if) | not applicable, indica | ite N/A) | | | | |
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| The date of each amendment(s) a | doption: | , if other than the |
|---|---|--|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file | v date) |
| Note: If the date inserted in this bedocument's effective date on the De | block does not meet the applicable statutory filing requirepartment of State's records. | rements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were ad- action was not required. | opted by the incorporators, or board of directors without s | shareholder action and shareholder |
| ☐ The amendment(s) was/were ad- by the shareholders was/were so | opted by the shareholders. The number of votes cast for tafficient for approval. | he amendment(s) |
| | proved by the shareholders through voting groups. The fareach voting group entitled to vote separately on the ame | |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| OCTOBEI Dated | R 16. 2024 | |
| Signature | Carlor V. Verelle | |
| selecte | irector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, truste ted fiduciary by that fiduciary) | |
| цт | CARLOS V. PERALTA LA | GARES |
| | (Typed or printed name of person signing) | |
| | PRESIDENT/TREASUR | RER |
| | (Title of person signing) | |