P24000019830

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MULTA INC.			
DOCUMENT NUM	BER: P24000019830			
The enclosed Articles	r of Amendment and fee are si	ubmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	ISABELLA MALTAGLIAT	l		
		Name of Contact Perso	n	
	MULTA INC.			
	***	Firm/ Company		
	244 BISCAYNE BLVD. # 2			
		Address		
	MIAMI, FL 33132			
		City/ State and Zip Cod	e	
	multa.inc@gmail.com			
		sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:	905-0035	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mai</u>	ling Address		<u>Address</u>	
	endment Section	Amendment Section		
	ision of Corporations . Box 6327	Division of Corporations The Centre of Tallahassee		
	ahassee, FL 32314		N. Monroe Street, Suite 810	
lan		4 7 131	a momor succi, suite att	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

MULTA INC.			4.	
(<u>Name</u>	of Corporation as currently filed	with the Florida De	ept. of State)	
24000019830			2024 AUC	
	(Document Number of Corpo	oration (if known)	1 AM 9: 2	9
ursuant to the provisions of section 607 Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	Profit Corporation	adopte the following arrendly	ment(s
If amending name, enter the new n	ame of the corporation:			
			The no	ew
me must be distinguishable and contain nc.," or Co.," or the designation "C hartered," "professional association,"	Corp," "Inc," or "Co". A profe			
Enter new principal office address, Principal office address <u>MUST BE A S</u>				_
				-
				-
Enter new mailing address, if appl				
(Malling address MAY BE A POST	UPFICE BUX)			-
				-
			 	_
If amending the registered agent as	nd/or registered office address in	Flarida enter the n	ame of the	-
If amending the registered agent an new registered agent and/or the new		Florida, enter the n	ame of the	-
new registered agent and/or the new		Florida, enter the n	ame of the	-
	v registered office address:	Florida, enter the n	ame of the	-
new registered agent and/or the new	v registered office address: ISABELLA MALTAGLIATI		name of the	-
new registered agent and/or the new	v registered office address: ISABELLA MALTAGLIATI 244 BISCAYNE BLVD. # 2503		. Florida 33132	-

Signature of New Registered Agent, if changing

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:

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)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	P	GIORGIO FANUCCHI	244 BISCAYNE BLVD # 2503
Add			MIAMI FL 33132
X Remove			
2) Change	P	ISABELLA MALTAGLIATI	244 BISCAYNE BLVD # 2503
X Add			MIAMI FL 33132
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
A dd			
Remove			
6) Change			

tach additional sheets, if necessary).	(Be specific)		
			
		_	
			
			
			
		<u>-,</u>	
an amendment provides for an exc	nange, reclassification, o	r cancellation of issue	d shares.
rovisions for implementing the amo (if not applicable, indicate N/A)	indment if not contained	in the amendment its	eit;
(ij noi applicable, matcale (v/n)			
		·	
	<u> </u>		

. .

	JUNE 25 2024	if ather than the
The date of each amendment(s) date this document was signed.) adoption:	, if other than the
-	UNE 25 2024	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval	•
by	"	
0)	(voting group)	
JUNE 2 Dated Signature	5 2024	
(By a selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	ISABELLA MALTAGLIATI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	