P24000022819

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Reslandfl Inc			
DOCUMENT NUME	D2/I000022810			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	Juan Torne			
	·	Name of Contact Person		
	Reslandfl Inc.			
		Firm/ Company		
	1601 NE 191st ST Suite 219			
		Address		
	Miami FL 33179			
		City/ State and Zip Code	:	
	reslandfl@gmail.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
JUAN TORNE		at (305	458-5421	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made [payable to the Florida Depa	urtiment of State:	
■ \$35 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)	
Ame Divi P.O.	ling Address andment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

	· ·		
(<u>Name o</u>	f Corporation as currently	filed with the Florida Dep	t. of State)
24000022819 (Name of Corporation as currently fined with the Finisha Dept. of Sales (15 known)			(UZ4 GOT 30
(Document Number of Corporation (if known)			
	·	•	
ursuant to the provisions of section 607.1 s Articles of Incorporation:	1006, Florida Statutes, this <i>I</i>	Iorida Profit Corporation a	dopts the following amendment(
. If amending name, enter the new na	me of the corporation:		
W/A			The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	orp," "Inc," or "Co". A	ompany," or "incorporated" professional corporation r	or the abbreviation "Corp.,"
		N/A	
Enter new principal office address, i Principal office address MUST BE A ST			
The spirit of the same of the	,	<u></u>	
Enter new mailing address, if application		N/A	
(Mailing address MAY BE A POST (OFFICE BOX)		
. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the na	me of the
new registered agent and/or the new			
	N/A		
Manya of Many Pagistared Agent			
Name of New Registered Agent			
Name of New Registered Agent			
Name of New Registered Agent	(Florida stre	et address)	
Name of New Registered Agent New Registered Office Address:	(Florida stre	et address)	, Florida(Zip Code)

Check 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> <u>John I</u>	<u> </u>			
X Remove	<u>V</u> <u>Mike</u>	Mike Jones			
X Add	SV Sally	<u>Smith</u>			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	P	FLORIDA LOTS -US INC	1601 NE 191 St #219 Miami FL 33179		
Add X	2 200 11	21/24	-		
Remove 2) Change	2	JUAN TORNE	1601 NE 191 St #219 Miami FL 33179		
X Add					
Remove Change					
Add					
Remove					
4) Change					
Add					
Remove			<u></u>		
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	al sheets, if necessar					
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			-			
f an amendme	ent provides for an e	xchange, reclassifica	ation, or cancellat	ion of issued share:	S.	
provisions for	implementing the a	mendment if not co	ntained in the am	endment itself:		
(if not app	licable, indicate N/A)				
4						
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-	-					
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		_ <u></u>		<u>_</u> _		

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·	N/A	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requiremed. Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the a sufficient for approval.	mendment(s)
	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendm	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u>,,,</u>	
	(voting group)	
DatedSignature	director, president or other officer – if directors or officers have	ve not been
selec	ted, by an incorporator – if in the hands of a receiver, trustee, o inted fiduciary by that fiduciary)	
	JUAN TORNE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	