Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.		
	Service Corol Street.	20
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To:		***
	Division of Corporations	
	Fax Number : (850)617-6380	•
From:		
	Account Name : CUBATAX & TRAVEL INC	
	Account Number : I20180000100	<u> </u>
	Phone : (813)493-8199	,

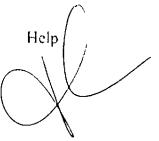
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

: (813)354-2432

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MILIAN ALUMINUM CORP

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From: KETYS RAMIREZ

August 7, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MILIAN ALUMINUM CORP 7514 PARADISE PL TAMPA, FL 33619US

SUBJECT: MILIAN ALUMINUM CORP

REF: P24000025013

2625 : .

65

We have received your document for MILIAN ALUMINUM CORP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check one of the adoption of amendment boxes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

FAX Aud. #: H24000264433 Letter Number: 024A00017501

From: KETYS RAMIREZ

Docusign Envelope ID: 5833ABB1-7C25-4E05-B68D-7A2EF267C72C

## **COVER LETTER**

Division of Corpora				
NAME OF CORPORA	TION: MILIAN ALUMIN	SUN CORP		
DOCUMENT NUMBE	R: P24000025013			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
Υ	AMILET MILIAN PEREZ		,	
		Name of Contact Per	noz	
*****	- <del> </del>	Firm: Company		
75	14 PARADISE PL			
T.	Address TAMPA, Et. 33619			
~-		City/ State and Zip C	ode	
Y	AMILETMILIAN21@GM	AIL.COM		
_	E-mail address; (to be us	sed for future annual rep	ort notification)	
For further information c	oncerning this matter, pleas	se call:		
YAMILET MILIAN PEREZ		at (	730-6735 Code & Daytime Telephone Number	
Name of	Contact Person	Area	Code & Daytime Telephone Number	
Enclosed is a check for t	ne tollowing amount made	payable to the Florida D	epartment of State:	
S35 Filling Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status	
Ameno Divisio P.O. B	g Andress Iment Section on of Corporations ox 6327 Issee, FL 32314	Am Div The 241	eet Address endment Section ision of Corporations : Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303	

18133542432

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## Articles of Amendment to Articles of Incorporation of

MILIAN ALUMINUM CORP	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P24000025013	
. (Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Itorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The Enew
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	(A)
C. Enter new malling address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et uddress)
New Registered Office Address:	Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I are familiar we	
Signature of New Re	gistered Agent, if changing
Check if applicable  [I] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (	eì. F.S.

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## 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 PTO.

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	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	$\underline{SV}$	Sally Smith		
Type of Action (Check One)	Title	Nume	Address	
Fi Change	SECR	DUNIEL RODRIGUEZ HERNAND	7514 PARADISE PL	
Add			TAMPA, FL 33619	.c -
X Remove				(
2) Change				<del>-</del>
Add				<u> </u>
Remove 3 ) Change				1 ) 2 
Add				
Remove				···
4) Change				<del></del>
Add				
Remove				
5) Change	~·	P. Ser	***************************************	
Add				
Remove			<del></del>	
f) Change				
Add				
Remove				

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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if no: applicable, indicate N/A)	If umending or adding additional Arti (Attach additional sheets, if necessary).	(lle specific)	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)			<del></del>
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if no: applicable, indicate N/A)			
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if no: applicable, indicate N/A)			i
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	provisions for implementing the amer	ance, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
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			***** - ***************************
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Page: 9 of 9

Docusign Envelope ID: 5B33ABB1-7C25-4E05-B6BD-7A2EF267C72C 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 this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was were sufficient for approval. [1] The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval (voting group) 8/6/2024 Dated Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) YAMILET MILIAN PEREZ (Typed or printed name of person signing) (Title of person signing)