P24000028002

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600429185696

05/07/24--01026--009 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: TIA NELLA COR	P			
	1BER: P24000028002				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	atter to the following:			
	MILEXIS MARTINEZ SAN	CHEZ			
		Name of Contact Person	n		
		Firm/ Company			
	3335 SW 106TH AVE				
	Address				
	MIAMI FLORIDA 33165				
	City/ State and Zip Code				
	MILEXIS127@GMAIL.COM	M			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call;			
MILEXIS MARTINEZ SANCHEZ		at (<u>786</u>	8700156		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment Articles of Incorporation



	of	
(Name of Corporation a	is currently filed with the Fl	orida DeptEofiState) = /
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Florida Stats Articles of Incorporation:	itutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:	
		The new
ame must be distinguishable and contain the word "corpo "Inc.," or "Co.," or the designation "Corp," "Inc.," or "chartered," "professional association," or the abbreviat	"Co". A professional cor	orporated" or the abbreviation "Corp.," poration name must contain the word
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u> .	<u></u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	red Agent: I familiar with and accept the	obligations of the position.

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)

____ Add

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 \underline{X} Remove <u>V</u> Mike Jones X Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) MILEXIS MARTINEZ SANCHEZ 3335 SW 106TH AVE 1) ____ Change MIAMI FL 33165 Δdd ____ Remove 2) ____ Change ____ Add Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add Remove 5) ____ Change ___ Add ____ Remove 6) ____ Change

Attach additional sheets, if necessary)	rticles, enter change(s) here:). (Be specific)
	
If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
The state of the s	
<u> </u>	
	

•

	04/27/2024	
The date of each amendment(s) ac	loption:	, 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 b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder as	ction and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment fficient for approval.	nt(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
04/27/2024 Dated Signature		
(By a di selected	edor, president or other officer – if directors or officers have not bee , by an incorporator – if in the hands of a receiver, trustee, or other ed ed fiduciary by that fiduciary)	
	MILEXIS MARTINEZ SANCHEZ	
	(Typed or printed name of person signing)	
	PRESIDENT / OWNER	
	(Title of person signing)	