## P24900029430

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	en e
NAME OF CORPORATION: PMP MAI	KING INC
DOCUMENT NUMBER: P24000029430	
The enclosed Articles of Amendment and f	ce are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
JULIO AMBROSIC	SANTIAGO PINZON MEJIA
	Name of Contact Person
PMP MAKING INC	
	Firm/ Company
2212 S CHICKASA	W TRL, #1226
	Address
ORLANDO, FL 328	325
	City/ State and Zip Code
info@profiscaladvis	ors.com
E-mail address:	(to be used for future annual report notification)
For further information concerning this man	tter, please call:
Alvaro Jauregui	at ( 786 304-7057
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PMP MAKING INC	
(Name of Corporation as current)	v filed with the Florida Dept. of State)
P24000029430	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
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."	company," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE 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 str	eet address)
New Registered Office Address:	Florida
	(City) (Lip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	vun ana accept the obtigations of the position.
Signature of New Re	egistered Agent, if changing
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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	PINZON, SANTIAGO	2212 S CHICKASAW TRL
Add			#1226
X Remove			ORLANDO, FL 32825
2) Change	Р	PINZON MEJIA, JULIO A. S.	2212 S CHICKSAW TRL
X Add			#1226
Remove 3 ) Change			ORLANDO, FL 32825
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	(A) <b>(A</b> ) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	
U6/1 Effective date <u>if applicable</u> :	0/2024	
Enective date <u>ii appiicanie</u> .	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amen officient for approval.	dment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	•
06/10/2024		•
Dated		
	AUTIAGO PINZON rector, president or other officer – if directors or officers have no	
	<ul> <li>d, by an incorporator – if in the hands of a receiver, trustee, or othed fiduciary by that fiduciary)</li> </ul>	er court
	JULIO AMBROSIO SANITAGO PINZON MEJIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	