724000032662

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

Office Use Only



100431391861

08/14/24--01002--007 **35.00

2024 JUH 14 FM 2: 12

````;()

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORP                                               | ORATION: CARR & SIGZ GI                     | OBAL EFFICIENT OPER                                                | RATIONS HDD CORP                                                                       |  |  |  |
|------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|--|
|                                                            | MBER: P24000032662                          |                                                                    |                                                                                        |  |  |  |
|                                                            | es of Amendment and fee are su              | bmitted for filing.                                                |                                                                                        |  |  |  |
| Please return all cor                                      | respondence concerning this ma              | itter to the following:                                            |                                                                                        |  |  |  |
|                                                            | SHAKIRA GRANDA RODRIGUEZ                    |                                                                    |                                                                                        |  |  |  |
|                                                            | Name of Contact Person                      |                                                                    |                                                                                        |  |  |  |
|                                                            | Firm/ Company 924 E 25TH ST                 |                                                                    |                                                                                        |  |  |  |
|                                                            |                                             |                                                                    |                                                                                        |  |  |  |
|                                                            |                                             | Address                                                            |                                                                                        |  |  |  |
|                                                            | HIALEAH FL 33013                            |                                                                    |                                                                                        |  |  |  |
|                                                            |                                             | City/ State and Zip Cod                                            | e                                                                                      |  |  |  |
|                                                            | SHAKIRA@ADVISERSGR                          | OUP.NET                                                            |                                                                                        |  |  |  |
|                                                            | E-mail address: (to be us                   | sed for future annual report                                       | notification)                                                                          |  |  |  |
| For further information                                    | tion concerning this matter, plea           | se call:                                                           |                                                                                        |  |  |  |
| SHAKIRA GRANI                                              | DA .                                        | at ( <u>33013</u>                                                  | 7866094405                                                                             |  |  |  |
| Nam                                                        | ne of Contact Person                        | Area Co                                                            | )<br>de & Daytime Telephone Number                                                     |  |  |  |
| Enclosed is a check                                        | for 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) |  |  |  |
| Mailing Address Amendment Section Division of Corporations |                                             | Street Address Amendment Section Division of Corporations          |                                                                                        |  |  |  |
| P.O. Box 6327<br>Tallabassoc EL 32314                      |                                             | The Centre of Tallahassee                                          |                                                                                        |  |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

FILED

CARR & SIGZ GLOBAL EFFICIENTOPERATIONS HDD CORP (Name of Corporation as currently filed with the Florida Dept. of State) Fit 2: 12 P24000032662 (Document Number of Corporation (if known) 1 -1 = Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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 Doe     |                          |                                                |  |
|----------------------------|--------------|--------------|--------------------------|------------------------------------------------|--|
| X Remove                   | <u>V</u>     | Mike Jo      | <u>ones</u>              |                                                |  |
| X Add                      | <u>sv</u>    | Sally S      | <u>mith</u>              |                                                |  |
| Type of Action (Check One) | <u>Title</u> |              | <u>Name</u>              | <u>Addres</u> s                                |  |
| 1) Change                  | P            |              | CARMEN'S GUERRERO ZAMBRA | 13410 SW 7TH PL                                |  |
| XAdd                       |              |              |                          | MIAMI FL                                       |  |
| Remove                     |              |              |                          | 33325                                          |  |
| 2) Change                  |              |              |                          |                                                |  |
| Add                        |              |              |                          |                                                |  |
| Remove 3) Change           |              | <del>_</del> |                          |                                                |  |
| Add                        |              |              |                          |                                                |  |
| Remove                     |              |              |                          |                                                |  |
| 4) Change                  |              |              |                          | - <u>.                                    </u> |  |
| Add                        |              |              |                          |                                                |  |
| Remove                     |              |              |                          |                                                |  |
| 5) Change                  |              |              |                          |                                                |  |
| Add                        |              |              |                          |                                                |  |
| Remove                     |              |              |                          |                                                |  |
| 6) Change                  |              |              |                          |                                                |  |
| Add                        |              | _            |                          |                                                |  |
| Remove                     |              |              |                          |                                                |  |
|                            |              |              |                          |                                                |  |

| •                                     | (Be specific)                                              |
|---------------------------------------|------------------------------------------------------------|
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
| <del></del>                           |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       | <u> </u>                                                   |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
| · · · · · · · · · · · · · · · · · · · |                                                            |
|                                       |                                                            |
|                                       | <del></del>                                                |
|                                       |                                                            |
| <del></del>                           | <del></del>                                                |
|                                       |                                                            |
| · · · · · · · · · · · · · · · · · · · |                                                            |
|                                       |                                                            |
|                                       |                                                            |
| f an amendment provides for an each   | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame   | ndment if not contained in the amendment itself:           |
| (if not applicable, indicate N/A)     | **                                                         |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |
|                                       |                                                            |

|                                                                    | s) adoption:                                                                                                                                                               | , if other than the                        |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| date this document was signed.                                     |                                                                                                                                                                            |                                            |
| Effective date if applicable:                                      | (no more than 90 days after amendment file (                                                                                                                               | data)                                      |
|                                                                    | (no more man 30 days after amenament fre                                                                                                                                   | uic)                                       |
| Note: If the date inserted in the document's effective date on the | is block does not meet the applicable statutory filing require Department of State's records.                                                                              | ments, this date will not be listed as the |
| Adoption of Amendment(s)                                           | ( <u>CHECK ONE</u> )                                                                                                                                                       |                                            |
| ■ The amendment(s) was/were action was not required.               | adopted by the incorporators, or board of directors without sh                                                                                                             | archolder action and shareholder           |
| ☐ The amendment(s) was/were<br>by the shareholders was/wer         | adopted by the shareholders. The number of votes east for the sufficient for approval.                                                                                     | e amendment(s)                             |
|                                                                    | approved by the shareholders through voting groups. The foli-<br>for each voting group entitled to vote separately on the amend                                            |                                            |
| "The number of votes of                                            | ast for the amendment(s) was/were sufficient for approval                                                                                                                  |                                            |
| by 1                                                               | <u>;</u> "                                                                                                                                                                 |                                            |
|                                                                    | (voting group)                                                                                                                                                             |                                            |
| 05/16/2<br>Dated                                                   | 024                                                                                                                                                                        |                                            |
| yBy<br>sele                                                        | a director, president or other officer – if directors or officers hereted, by an incorporator – if in the hands of a receiver, trustee ointed fiduciary by that fiduciary) | ave not been<br>, or other court           |
|                                                                    | EDUARDO J CARRILLO MONTES                                                                                                                                                  |                                            |
|                                                                    | (Typed or printed name of person signing)                                                                                                                                  | _                                          |
|                                                                    | PRESIDENT                                                                                                                                                                  |                                            |
|                                                                    | (Title of person signing)                                                                                                                                                  |                                            |