

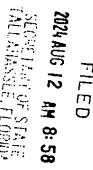
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Plaza TAPATIA OLDSMART, INCOMENT NUMBER: P240000 35702
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hector Alvarez Name of Contact Person Plaza Tapatia OLDS MAR, INC Firm/ Company
34829 FRAZEE HILL RD Address
City/ State and Zip Code
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Hector Alvarez at 813, 713-4647 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
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Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

•

Plaza TAPATIA	OLDSMART	INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
	35702		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the f	following amendment(s) to
A. If amending name, enter the new name of the corporation:	·		
Plaza TAPATIA OL	-DSMAR, IN	C. The new	
name must be distinguishable and contain the word "corporation," "co." Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A prefered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abb	breviation "Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	4016 TAMPA OLDSMAR, F		7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 AUG 8ECHTIA	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	LEI 2 A	
new registered agent and/or the new registered office address:			
Name of New Registered Agent	<u> </u>		
		<u>n-13</u> CO	•
(Florida stree	t address)		
New Registered Office Address:	, Florida_	<u> </u>	
(0	City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the po	osition.	
Signature of New Reg	gistered Agent, if changing		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example of the content of the conten), 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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X Change	P Hector Alvarez	36829 FRAZEE HILL RD
Add		Dade City. Fl 33523
Remove 2) Change Add	V DAUID ALVAREZ	ZIZO BASIN ST Port Charlotle, FL 33952
Remove 3) Change		
Add		
Remove		
4) Change Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach	nding or addin additional shee	ets, if necessary).	. (Be specific)				
							
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f an a	mendment pro	vides for an ex	change, reclass	ification, or can	cellation of issue	d shares,	
<u>provi</u> g (i	sions for imple f not applicable	menting the an indicate N/A)	<u>iendment if not</u>	<u>contained in th</u>	e amendment its	self:	
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			•	"			

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The date of each amendment(s) adoption: _	augus	+ 09.	2024	, if other than the
date this document was signed.	J		•	
Effective date <u>if applicable</u> :				
	(no more than 90) days after amen	ament file date)	
Note: If the date inserted in this block does document's effective date on the Department of		able statutory fil	ing requirements, this o	date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)			
The amendment(s) was/were adopted by th action was not required.	e incorporators, or b	ooard of directors	without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo		e number of votes	east for the amendmen	at(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting				ment
"The number of votes cast for the am	endment(s) was/we	re sufficient for a	pproval	
by			``	
(Ve	oting group)			
Signature (By a director, pre	+ 09, 2 A Alumentary of the control	2024	or officers have not been	<u> </u>
	corporator – if in the ry by that fiduciary)		ver, trustee, or other co	urt
	ectoe	Alva	rez	
	(Typed or printed)	name of person si	igning)	
	(Title of person sig	gning)		