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.

Electronic Filing Cover Sheet

(((H24000218903 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JUAN J GARCIA PADRO PA

Account Number : I20230000025

: (787)599-3735

Fax Number

: (407)627-1697

Cannual report mailings. Enter only one email address please.**

Contains address entity to be used for rule address please.**

Contains address entity to be used for rule address please.**

Contains address entity to be used for rule address please.**

4

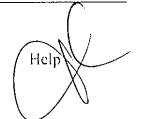
COR AMND/RESTATE/CORRECT OR O/D RESIGN VIVIAN ANTUNEZ REAL ESTATE PA

**Eater the email address for this business entity to be used for future-

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



29

.6/25

leas

io:

-23

. . .

75

· ·

COVER LETTER

TO:	Amendment Section
	Division of Corporation

T.1		COVER LETTER		
TO: Amendment Se Division of Cor				
NAME OF CORPO				
DOCUMENT NUM	P2.10(0037171	EZ REAL ESTATE PA		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all corr	respondence concerning this ma	itter to the following:		
	JUAN I GARCIA			
		Name of Contact Person	n	
11 66	JUAN J GARCIA PADRO I			
		Firm/ Company		
,6	1650 SAND LAKE ROAD S	• •		202
	•	Address		
	ORLANDO FL 32809			7024 JUN 25
		City/ State and Zip Cod	e	က်
	JUAN@GARCIAPADRO.C	OM		PH J
	E-mail address: (to be u	sed for future annual report	notification)	= =
				::
For further informati	ion concerning this matter, plea	se call:		_
JUAN GARCIA		689 at (233-7398	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	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)	
Ar Di P.(ailing Address mendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment

B #**			to Articles of Inco	orporation				
		it's to them there to t	of					
VIVIA:	N ANTUNEZ R	REAL ESTATE PA						
.	VO.171.71	(Name of Corpor	ation as currently	filed with the Florid	da Dept. of State)			
₽ 24000	0037150							
•,		(Do	rument Number of	Corporation (if know	n)			
	t to the provisiones of Incorpora	ns of section 607,1006, Florition:	rida Statutes, this F	Iorida Profit Corpor	ution adopts the foll	owing ame	endment	i(s) to
A. If a	mending name,	enter the new name of the	e corporation:					
VIVIA	N ANTUNEZ P	'A				Th	new	
"Inc"	or Co.," or th	hable and contain the word e-designation "Corp," "h mal association," or the ab	ic." or "Co". A	ompany," or "incorpo professional corpor	orated" or the abbre ation name must c	viation "C	orp., "	
R Fate	ar new princips	d office address, if applica	hle			•	202	
		ss <u>MUST BE A STREET A</u>				:	<u>ت</u> -ب	
								-12 -12
							25	1
0 5	***	11 15 11				* *	Ð	Í
s. (Ma	er new _e maning ding address M	address, if applicable: AY BE A POST OFFICE	BOX)				PK II;	F
• • • • • • • • • • • • • • • • • • • •							صــــــــــــــــــــــــــــــــــــ	
							<u>م</u>	
D Ros	monding the re	gistered agent and/or regi	tared office addre	as in Florida antar	the name of the			
		nt and/or the new register		ess in Fiorida, enger	ine name of the			
		n						
	<u>Name of New 1</u>	Registered Agent		 				
		4	(Florida stre					
			(Fiorida stre	et aaaress)				
	New Registered	l Office Address:		<u> </u>	, Florida	Cha Cada		
			(1	City)		(Zip Code)		
New Re Khereby	egistered Agent (acceptuhe appe	's Signature, if changing Fointment as registered agen	Registered Agent: t I am familiar w	ith and accept the obt	ligations of the posit	tion.		
:	•	Si	gnature of New Re	gistered Agent, if cha	nging			
Charles	f							
л, песк т	f applicable							

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

F,

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.

Example:

Page 1.5

Example: **Page 2.5**

Page 2.5

Page 2.5

Example: **Page 3.5**

**Pa

\sum_{i} Change $\frac{R^{2}}{i}$	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
\underline{X} Add ,	<u>SV</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		2024 JUH 25
Add				
Remove				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2) Change		_		
Add				PM 11: 5
6. Remove 3) Change				9
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				Application of the state of the
Add				
Remove				ALL DESCRIPTION OF THE PARTY OF
6) Change Add		_		
Remove				

E. <u>If a</u>	amending or adding additional Articles, enter change(s) here:	
(A0	tach additional sheets, if necessary). (Be specific)	
<u>, </u>	•	
•		
<u>ė</u> .		
-	*	
	75	20
		24
		924 134 25
		27
;		
		:- U
<u> </u>		
ŕ.		
=		
F. <u>If a</u>	nn amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:	
pr	(if not applicable, indicate NA)	
 		
<i>;</i> ·		
٠,		
·		
ŕ.	,e ,	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•	NE 24, 2024	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without shareholder action and	shareholder
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	2024 JUN 25
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	201
by	(voting group)	PH 11: 59
		= -
JUNE 24. Dated	2024	59
Signature	Vivian Antunez	_
selecte	firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	MRS. VIVIAN ANTUNEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·····