

P24000040286

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LACERATI INVE	STMENTS CORP				
DOCUMENT NUM	BER: P24000040286					
The enclosed Articles of Amendment and fee are submitted for filling.						
Please return ali corr	espondence concerning this ma	tter to the following:				
	GWENDOLINE VIELMA					
		Name of Contact Persor	1			
	LACERATI INVESTMENTS CORP					
		Firm/ Company				
	8485 NW 74TH ST# CAS55	9				
		Address	· · · · · · · · · · · · · · · · · · ·			
	MEDLEY, FL 33166					
	·· ·	City/ State and Zip Code	2			
	MASSERVICECORP@GM	AIL.COM				
	-	sed for luture annual report	notification)			
For further informati	on concerning this matter, plea	se call:				
GWENDOLINE VIELMA		at (⁴⁰⁷	8907592			
Name of Contact Person		at (407) 8907592 Area Code & Daytime Telephone Number				
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artinent 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			Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

LACERATI INVESTMENTS CORP

(Name o	of Corporation as currently t	iled with the Florida Dept. of State)	
P24000040286		_	
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607. Is Articles of Incorporation:	1006. Florida Statutes, this FL	orida Profit Corporation adopts the follow	ving amendment(s
. If amending name, enter the new na	ame of the corporation:		The new
ame must be distinguishable and contain Inc., "- or- Co., "- or-the-designation "Co chartered," "professional association,"	$Corp_i$ " "Inc." or "Co". A $oldsymbol{\gamma}$	npany," or "incorporated" or the abbrevio professional corporation name must con-	ttion "Corp"
. Enter new principal office address, Principal office address <u>MUST BE A S</u>		:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- -
			.
		,	. [*.
. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name of the	
Name of New Registered Agent	VIELMA, GWENDOLINE		
	8485 NW 74TH ST4 CAS55)	
	(Florida street	address)	
New Registered Office Address:	MEDLEY.	Florida)
	(C	(Z.	ip Code)
	•		
ew Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar wit	h and accept the obligations of the positio	n.
	//-(/	istered Agent. if changing	
	Signature of New Reg	istered 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	1, 1	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSTD	VIELMA GUILLEN, GWEDOLINE	8485 NW 74TH ST #CAS559
Add			MEDLEY, FL 33166
X Remove			
2) Change	PSTD	VIELMA, GWENDOLINE	8485 NW 74TH ST #CAS559
XAdd			MEDLEY, FL 33166
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

(Attach additional sheets, if necessary).		
	to a skill of the	
	·	
	·	
		_
-		
f an amendment provides for an exchar	ige, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ment if not contained in the amendment itself:	
vy and approache, marcine (vA)		

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The date of each amendment(s date this document was signed.	adoption: <u>9-30-2024</u>	, if other than the
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	s block does not meet the applicable statutory filing requirements, this Department of State's records.	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 shareholder a	ction and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	·	
09-30-20 Dated	124	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	VIELMA, GWENDOLINE	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	