P24000041116

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: LA COMBINACIO	ON INC			
DOCUMENT NUM	IBER: P24000041116				
	s of Amendment and fee are su	ibmitted for tiling.			
Please return all corr	espondence concerning this ma	itter to the following:			
	JORGE N JIMENEZ CEDEN	NO.			
	Name of Contact Person				
	LA COMBINACION INC				
		Firm/ Company			
	25975 SW 182ND AVE				
		Address			
	HOMESTEAD FL 33031				
	City/ State and Zip Code				
	E-mail address: (to be us	sed for future annual report	notitication)		
For further information	on concerning this matter, plea-	se call:			
JORGE N JIMENEZ	CEDENO	at (1		
Name	of Contact Person	Area Co)le & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment of State:		
S35 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)		
An Div	uiling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of
LA COMBINACION INC	; · !
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P24000041116	s currently filed with the Florida Dept. of State) 2024 AUG - 1 AH
(Document	Number of Corporation (if known) $S_{\xi C_K F_{To}}$
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	TALLANGE OF Studes, this Florida Profit Corporation adopts the following a South
A. If amending name, enter the new name of the corpo	ration:
	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.,' "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</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 of new registered agent and/or the new registered office.	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
Signatur	of New Registered Agent, if changing
зідлаш	Special residence and entire desired

Check if applicable

 \square 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)

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	JORGE N JIMENEZ CEDENO	25975 SW 182ND AVE
X Add			HOMESTEAD FL 33031
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary),	(Be specific)				
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provisions for implementing the ame	nange, reclassificat	ion, or cancellati ained in the ame	on of issued shar	es,	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificat endment if not cont	ion, or cancellation ained in the ame	on of issued shar idment itself:	es.	
provisions for implementing the ame	nange, reclassificat endment if not cont	ion, or cancellation ained in the ame	on of issued shar idment itself:	es,	
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provisions for implementing the ame	nange, reclassificat endment if not cont	ion, or cancellation ained in the ame	on of issued shar idment itself:	es,	
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provisions for implementing the ame	nange, reclassificat endment if not cont	ion, or cancellati	on of issued shar	es.	

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	00/00	12024	
The date of each amendment(s) adoption: date this document was signed.	07/08	1009	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after	amendment file dates	
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutor f State's records.	ry filing requirements, this da	ite will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)		
The amendment(s) was were adopted by the action was not required.	incorporators, or board of dire	ectors without shareholder action	on and shareholder
☐ The amendment(s) was were adopted by the by the shareholders was were sufficient for a	shareholders. The number of approval.	votes east for the amendment	(s
☐ The amendment(s) was were approved by the must be separately provided for each voting	e shareholders through voting gyroup entitled to vote separat	groups. The following stateme cly on the amendment(s):	ent
"The number of votes cast for the amer	ndment(s) was/were sufficient	for approval	
by		<u> </u>	
(val	ting groups		
Dated07\08	8 (2024		
Signature	5160		
(By a director, presi	ident or other officer – if direct orporator – if in the hands of a by that fiduciary)		t
	Typed or printed name of pers	Simewz 6	Ldiño
	(Title of person signing)	Ý	