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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TITA PAPA INC		
DOCUMENT NUMB	ER: P24000048494		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JOSE M VEGA		
,		Name of Contact Person	· · · · · · · · · · · · · · · · · · ·
	JOSE M VEGA		
		Firm/ Company	
	SUAREZ VEGA & ASSOCI	ATES INC	
,		Address	
	25 SE 2 AVE STE 410		
		City/ State and Zip Code	;
	MIAMI, FL. 33131		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas		, 786 290 3418
	of Contact Person	at (	) 786 290 3418 de & Daytime Telephone Number
	r the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indigent Section Sion of Corporations Box 6327 Schassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## TITA PAPA INC

(Name of Corporation as currently filed with the F	orida Dept. of State)
TITA PAPA INC	
(Document Number of Corporation (if k	iown)
fursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Cor</i> is Articles of Incorporation:	poration adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
ame must be distinguishable and contain the word "corporation," "company," or "inc Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional col chartered," "professional association," or the abbreviation "P.A."	orporated" or the abbreviation "Corp.," poration name must contain the word
3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	
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, en	Z024 AUG -6 AM 8: 1
new registered agent and/or the new registered office address:	tter the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(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 th	e obligations of the position.
Signature of New Registered Agent, i	fchanging

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)

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 Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	SD	MARIA MARTA VEGA	2936 SW 24 TER
			MIAMI, FL. 33145
Add X Remove			
2) Change	<u> </u>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change (Be specific)				
<del></del> -					
	· · · · · · · · · · · · · · · · · · ·				
				<del></del>	
<del></del>					
			<u></u>		
	<u></u> ,				
-					
If an amendment provides for an excl	hango reelassifica	tion or cancellat	ion of issued shal	res,	
	endment if not con	tained in the am	endment itself:	<del></del>	
provisions for implementing the ame	manacate in the contract				
provisions for implementing the ame (if not applicable, indicate N/A)					
provisions for implementing the ame					
provisions for implementing the ame					
provisions for implementing the ame					
provisions for implementing the ame					
provisions for implementing the ame					
provisions for implementing the ame					
provisions for implementing the ame					
provisions for implementing the ame					

The date of each amendment(s) a	option:, if other than the
date this document was signed.	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were add action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
[] The amendment(s) was/were add by the shareholders was/were so	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were approvided for must be separately provided for	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting g, viqe)
JULY 291 Dated	1 2024) The state of the state
selecto	ector, president or other officer – if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court diductary by that fiduciary)
арроп	VOSE M. VEGA
	(Typed or printed name of person signing)
	INCORPORATOR
	(Title of person signing)