## P24000049973

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION: DIAZ CORONAD	O CORP.	
	MBER: P24000049973		
	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	JESUS MORAO		
		Name of Contact Persor	1
	JESUS MORAO		
		Firm/ Company	
	9254 W 33RD LANE		
		Address	
	HIALEAH FL 33018		
		City/ State and Zip Code	
	jesusmorao510@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	ation concerning this matter, pleas	se call:	
Jesus Morao		786	
Nai	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	E S43.75 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)
I <b>!</b>	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

D	Ħ	١Z	CO	R	Οì	NΑ	DO	CO	RP.	

(Name of Corporation as currentl	y filed with the Florida Dept. of State)
P24000049973	E.
(Document Number o	f Corporation (if known)
P24000049973  (Document Number of Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the Hoping amendment(s) to SEUPER
A. If amending name, enter the new name of the corporation:	TALLAHASSEE THE The Fluew
name must be distinguishable and contain the word "corporation," "o" Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," ———
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13343 NW 47TH AVE OPA LOCKA, FL 33054
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13343 NW 47TH AVE OPA LOCKA, FL 33054
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet 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 v	: with and accept the obligations of the position.
Signature of New R	egistered 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)

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	PT	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			<del></del>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

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nrov	amendment provides isions for implementi	no the amendr	<u>reclassificati</u>	on, or cancenau sined in the sme	on of issued shares	<u> </u>
(	if not applicable, indic	cate N/A)	ilent ii iiot cont	amed in the unit	and the tracer.	
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					<del></del>	· · · · · · · · · · · · · · · · · · ·

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	08/16/2024	, if other than the
The date of each amendment(s) add date this document was signed.	option:	, if other than the
08/20	/2024	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, to partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	nted by the incorporators, or board of directors without shareholde	er action and shareholder
The amendment(s) was/were ador by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amend ficient for approval.	ment(s)
☐ The amendment(s) was/were appr must be separately provided for e	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s)	latement :
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
bv	ŗ"	
	(voting group)	
08/16/2024		
Dated		
Signature	1 ing Ovarado	
	rector, president or other officer - if directors or officers have not	
	, by an incorporator – if in the hands of a receiver, trustee, or other	r court
appointe	ed fiduciary by that fiduciary)	
1	LINA CORONADO	
-	(Typed or printed name of person signing)	
1	PRESIDENT	
-	(Title of person signing)	