## Pà4000062839

(Req	uestor's Name)	
——————————————————————————————————————	ress)	
(Add	ress)	
(Addi	1033)	
(City/	/State/Zip/Phon	e #)
☐ SICK-N5	MAIT	MAIL
(Busi	iness Entity Nar	me)
(	,,	··-•
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
0 11 1 5		
Special Instructions to Fr	iling Officer.	

Office Use Only



100437983531

amena

2024 NOV 19 PH 2: 34

A. RAMSEY NOV 20 2024



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

_		
VCA 10750 20, I	NC	<del></del>
DI DI PRO	25	
Please Debit FCA	.0000000003 For: 35	<del></del>
Thank you Seth N	Neeley	
Stal		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1 /		Officer Search
4		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
	<del>_</del> _	Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## Articles of Amendment to Articles of Incorporation

FILED

VCA 10750 20, INC		2024 NGV 19 AM 9: 12
(Name P24000062839	of Corporation as current	ly filed with the Florida Dept. of State). RECEIVED
	(Document Number of	of Corporation (if known)
fursuant to the provisions of section 607 ts Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new r	ame of the corporation:	
N/A		
iame must be distinguishable and contai "Inc.," or Co.," or the designation " chartered," "professional association,	worn." "Inc " or "Co"	company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address,	if applicable:	N/A
Principal office address <u>MUST BE A S</u>	STREET ADDRESS )	····
Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE ROY	N/A
the same of the sa	OI FICE BOX	
If amending the registered agent ar	nd/or registered office addi	ress in Florida, enter the name of the
new registered agent and/or the new	v registered office address	to the tay tou, enter the name of the
Name of New Registered Agent	VINCENZO ALAIMO	
	8045 NW 46 TERRACE.	
	(Florida str	eet address)
New Registered Office Address:	DORAL	. Florida 33166
	-	(City) (Zip Code)
ew Registered Agent's Signature, if cl	langing Registered Agents	
tereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of the position.
	12	
	VIII	)
	Synotype of Now Ro	gistered Agent, if changing
neck if applicable	JAN ME	Sinci cu Agent, ij 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	Р	Sacred Family Investments, Inc	7791 NW 46TH ST
Add			DORAL, FL 33166
X Remove			
2) Change	Р	VINCENZO ALAIMO	8045 NW 46 TERRACE
X Add			DORAL, FI. 33166
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets	, if necessary).	cles, enter change(s) here: (Be specific)
<b>\</b>	• •	
<u> </u>		
	<del></del>	
		<del></del>
<u></u>		
	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		<del>-</del>
	<del></del> -	
an amendment provid	es for an eveba	nge, reclassification, or cancellation of issued shares,
OVERSIONS FOR BRIDGERIC	uunv inc amena	dment if not contained in the amendment itself:
(if not applicable, in	dicate N/A)	and the first the antenument ((Sell))
	,	
		<u> </u>
·		
		· · ·

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
10/24/2024 Dated
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
VINCENZO ALAIMO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)