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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CAYMAN TIES U	JS INC			
DOCUMENT NUM	252L000061878	<u>-</u> .			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	MORRISON, ANN MARIE LEISA				
	Name of Contact Person				
	CAYMAN TIES US INC				
		Firm/ Company			
	7901 4TH ST N # 23703				
		Address			
	ST. PETERSBURG 33702				
	City/ State and Zip Code				
	dhavalqes@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
MORRISON, ANN M	AARIE LEIS	at (345	925-3168		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	irtment of State:		
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)		
Am Div P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, F1, 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment Articles of Incorporation of

CAYMAN TIES US INC

(<u>Name of Corporatio</u>	n as currently filed with the Flor	ida_Dept. of State)	
224000064828			
(Docum	ent Number of Corporation (if know	wn)	
ursuant to the provisions of section 607.1006, Florida S Articles of Incorporation:	Statutes, this Florida Profit Corpo	ration adopts the following	ng amendment(s
. If amending name, enter the new name of the co	poration:		
			_The new
me must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrev	or "Co". A professional corpo-		
Enter new principal office address, if applicable:			
rincipal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)		
			2
Enter new mailing address, if applicable:		•	\Box
(Mailing address MAY BE A POST OFFICE BO))	, - .	
		· .	
	. 		<u> </u>
		• .	
			<u></u>
If amending the registered agent and/or register	d office address in Florida, enter	the name of the	. <u>ဂ</u> ယ
new registered agent and/or the new registered of	ffice address:		
Name of New Registered Agent			
			_
	(Florida street address)		_
Van Bankaran JAMS as I Haman		Planei da	
New Registered Office Address:	(City)	Florida	Code)
	·	·	
ew Registered Agent's Signature, if changing Regi	stered Agent:		
nereby accept the appointment as registered agent.		bligations of the position.	
	•	, , , , , , , , , , , , , , , , , , , ,	

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 Do	<u>)c</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P		MORRISON, ANN MARIE LEISA	7901 4TH ST N # 2370
X Add				ST. PETERSBURG, FL 33702
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	-
provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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A company	10/16/2024	
The date of each amendment date this document was signed		, if other than
uate tins document was signed	i. - 10/16/2024	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements he Department of State's records.	this date will not be listed as
Adoption of Amendment(s)	(<u>CHEÇK ONE</u>)	
■ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/weby the shareholders was/w	re adopted by the shareholders. The number of votes cast for the ame ere sufficient for approval.	ndment(s)
	re approved by the shareholders through voting groups. The following ed for each voting group entitled to vote separately on the amendment	
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
hv		
•	(voting group)	
10/16 Dated	/2024	
Signature _ /	Dunaled Peny	
(B	By a director, president or wher officer – if <u>directors</u> or officers have nelected, by an incorporator – if in the hands of a receiver, trustee, or of oppointed fiduciary by that fiduciary)	
	PERRY, DONALD	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	

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