

P25000011140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

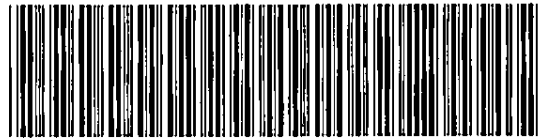
(Business Entity Name)

(Document Number)

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2025 MAR 10 AM 11:26

NOTARY STATE  
TALLAHASSEE, FLORIDA


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NOTARY STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$35.00

Authorization Signature 

Destinxt Corp P25000011140  
Business Name #Document

Walk in \_\_\_\_\_ Will wait \_\_\_\_\_

\_\_\_ Certified Copy  
\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ LLC  
\_\_\_ Domestication  
\_\_\_ INC  
\_\_\_ CORP  
\_\_\_ LP

**AMENDMENTS**

\_\_\_ Amendment  
\_\_\_ ☒ Resignation of R.A.  
\_\_\_ Change of Registered Agent  
\_\_\_ Revocation of Dissolution  
\_\_\_ Conversion  
\_\_\_ Statement of Authority  
\_\_\_ Merger  
\_\_\_ **REVOCATION OF DISSOLUTION**

**OTHER FILINGS**

\_\_\_ TRANSMITTAL LETTER  
\_\_\_ Fictitious Name  
\_\_\_ Statement of Authority  
\_\_\_ APOSTIL \_\_\_\_\_  
                                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing  
\_\_\_ Partnership  
\_\_\_ Reinstatement  
\_\_\_ Statement of CORRECTION  
\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2025

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: DESTINXT CORP  
Ref. Number: P25000011140

We have received your document for DESTINXT CORP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation in the Articles of Amendment is misspelled.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 725A00005212

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DESTINXT CORP

DOCUMENT NUMBER: P25000011140

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/ Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/ State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL CEJAS MOTA at 305 890-9851  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

DESTINXT CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P25000011140

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

25900 SW 143RD CT APT 124

HOMESTEAD FL 33032

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

25900 SW 143RD CT APT 124

HOMESTEAD FL 33032

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent FRANCISCO M CATERINA

3521 W 86TH TER

(Florida street address)

New Registered Office Address: HIALEAH, Florida 33018  
(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 the obligations of the position*

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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:

☒ Change                      PT      John Doe  
  
☒ Remove                      V      Mike Jones  
  
☒ Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	DANIEL CEJAS MOTA	25900 SW 143RD CT APT 124
<input type="checkbox"/> Add			HOMESTEAD FL 33032
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	ST	DANIEL CEJAS MOTA	25900 SW 143RD CT APT 124
<input checked="" type="checkbox"/> Add			HOMESTEAD FL 33032
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	V	FRANCISCO M CATERINA	
<input type="checkbox"/> Add			3521 W 86TH TER
<input checked="" type="checkbox"/> Remove			HIALEAH FL 33018
4) <input type="checkbox"/> Change	P	FRANCISCO M CATERINA	
<input checked="" type="checkbox"/> Add			3521 W 86TH TER
<input type="checkbox"/> Remove			HIALEAH FL 33018
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

03/04/2025

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

02/14/2025

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)

03/04/2025

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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)

FRANCISCO M CATERINA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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