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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Antelis Inc

DOCUMENT NUMBER: P2500 00 30304 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eliono Gaviria 239 River Village DrAddress
Debory +L 32713
City/ State and Zip Code Contelisinc Cognail. com (antelisinc Cognail. com) For further information concerning this matter, please call: at (407) 490 63 82 Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 🔀 \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52,50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy 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

Artic	cies of incorporation
Antelis Inc	of i.'.
(Name of Corporation as	s currently filed with the Florida Dell' A. Stine 6 Pri 1:56
025000130304	1
(Document)	Number of Corporation (if known)
	tutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corpor	ration:
	ration," "company," or "incorporated" or the abbreviation "Corp.," ' "Co", A professional corporation name must contain the word ion "P.A."
Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRES	<u>ss</u> )
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	N/A
. If amending the registered agent and/or registered o	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	<u>:e address:</u>
N SN D C	$\sim$ $\sim$
Name of New Registered Agent	
Name of New Registered Agent	
	(Florida street address)
	/Florida street address)

Check if applicable  $\Box$  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;  $\hat{V}$  = Vice President;  $\hat{T}$  = Treasurer;  $\hat{S}$  = Secretary;  $\hat{D}$  = Director; TR = Trustee;  $\hat{C}$  = Chairman or Clerk; CEO = Chief Executive Officer; CEO = 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> <u>John</u>	Doc				
X Remove	<u>V</u> <u>Miko</u>	Mike Jones				
<u>X</u> Add	<u>SV Sally</u>	: <u>Smith</u>				
Type of Action (Check One)	<u>Title</u>	Name	Address			
1)Change	<u>CEO</u>	Anthony Claudio	239 River Village Dr Debary FL, 32713			
X Add		·	Pebary FL, 32713			
Remove						
2) Change						
Add						
Remove 3.) Change						
Add						
Remove						
4) Change	<del></del>	•••				
Add						
Remove						
5) Change						
Add			<del>-</del>			
Remove			***************************************			
6)Change						
Add						
Remove						

<u>If amendin</u> (Attach <i>addi</i>	<u>e or adding a</u> itional slicets,	dditional Artic if necessary).	des, enter char (Be specific)	ige(s) here:			
		N/A					
<u> </u>							
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						· <u> </u>	
			.,		, <del></del>		
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f an ameno provisions (if not	dment provid s for impleme applicable, in	les for an exch: nting the amen dicate N(A)	ange, reclassifi idment if not c	cation, or can ontained in th	cellation of issi e amendment	<u>ied shares,</u> itself:	
	N	/A					
	/	, 					
					49.50		

•

The date of each amendment(s) adoption: 66/11	/ 2025 if other than the
date this document was signed.	, a concentration of
Effective date if applicable: 06/11/2	2025 90 days after amendment file date)
	•
<b>Note:</b> If the date inserted in this block does not meet the appli- document's effective date on the Department of State's records.	icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes east for the amendment(s) was/we	ere sufficient for approval
by	207
(voting group)	
Dated OG/11/2025	2025 JUH 16
Dated	Gallivia =
(By a director, president or other offi	he hands of a receiver, trustee, or other court
	iana Gavilla .
	name of person signing)
<u></u>	eton
(Title of person si	igning)