P93000029957

(Requestor's Name)	
(Address)	
(Madress)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer;	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: TURPIAL BRANI	OCORPORATION	
	UMBER: P93000029957		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
	STEPHEN GUERRERO		
		Name of Contact Person	1
	GUERRERO LAW GROUP	PLLC	
		Firm/ Company	
	6625 MIAMI LAKES DR SU	• •	
		Address	
	MIAMI LAKES FL 33014		
		City/ State and Zip Code	e
	SGUERRERO@THEGUERI	REROLAW.COM	
	-	ed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:at (4886250
Na	ime of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fe	e S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amend	Address ment Section in of Corporations

Articles of Amendment to Articles of Incorporation of

TURPIAL BRAND CORPORATION

(Name of Corporation as cur	routly filed with the Floride	Dept. of State		
(<u>Same of Corporation as Cur</u> P93000029957	reacts then with the raying	erept, of mate		
	ber of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporati	on adopts the foll	owing amend	lment(s) t
A. If amending name, enter the new name of the corporation	<u>n:</u>			
			The=1	re'W
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	. A professional corporati	ited" or the abbre on name must co	viation "Corportain the w	o.,'' ord
B. Enter new principal office address, if applicable:		<u>,</u>	N	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		;	- 0	
			; = =	- ₅
			28	_ [-
			100	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			236	
thums dures sare of the total total			27. : -	. -
				i _
				_
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		e name of the		
Name of New Registered Agent				
(Flor	ida strevt address)			
New Registered Office Address:		Florida		_
	(Cuy)		(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam		ations of the nosi	tion	
t revery accept the appendiment as registered agent. I am jum	and with and accept the being	unoma vy me posii		
Signature of N	iew Registered Agent, if chang	ging		

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; 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 Doc 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 Doc, 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>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change	P	ARIS HOLDINGS LLC	300 N KROME AVE BLDG 3
Add			FLORIDA CITY FL 33034
Remove 2) Change	P	AIRS HOLDINGS LLC	300 N KROME AVE BLDG 3
X Add			FLORIDA CITY FL 33034
Remove 3) Change	D	SOTOLONGO, ARMANDO D	300 N KROME AVE BLDG 3
X Add			FLORIDA CITY FL 33034
Remove 4) Change X Add	D	SOTOLONGO, IRENE	300 N KROME AVE BLDG 3 FLORIDA CITY FL 33034
Add			
5) Change Add	-		
Remove			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an excl provisions for implementing the ame					
(if not applicable, indicate N/A)					
					
				<u> </u>	
					-

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The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after omendment 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
OCTOBER 18TH 2024 Dated
Signature (Byn 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)
STEPHEN GUERRERO
(Typed or printed name of person signing)
ATTORNEY IN FACT

(Title of person signing)