P96000054790

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2022 JUN 13 AM II: 12 SECRETARY OF STA

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COVER LETTER

Division of Corporations Loesche America Inc. NAME OF CORPORATION: _ <u> P96000054790</u> DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Angie Villacempe Name of Contact Person besche America Inc. 20170 Pines Blvd., Suite 302 Penbroke Pines, FL
City/ State and Zip Code avillacompa@ Loesche America. com
E-mail address: (to be used for future annual report modification) For further information concerning this matter, please call: Angie Villacampa at (954), 602 - 2216

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: \$35 Filing Fee □\$43.75 Filing Fee & \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment

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2022 JUN 13	~ [] Nu
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	Articles of Incorporation of		2022 JUN 13
Loesche A		Inc.	SECRETARY OF
P96000(054790		
(Document Number of		(Irwin)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	. Florid a Profit Coi	poration adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporation:			
NIA			The new
N A 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 "P.A.	A professional coi	orporated" or the abbre poration name must co	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NIA		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent N A		ter the name of the	
(Floride st	reet addrexs)		
New Registered Office Address:	(Cuy)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		obligations of the posit	ion,

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (c), 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)

Example:

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.

X Change	<u>PT John D</u>	loc	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	_D	Esteban Perez-Be	ernal
_ X Add			20170 Dines Blud. Suite 302
Remove			Pembroke Pines, FL 33029
2) Change			
Add			
Remove Change			
Add			
Remove			***
4) Change			
Add			
Remove			
5) Change			
Add			- <u>-</u>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	
NIA		
14 / /)		
		· <u>·</u> ·
		·····
		-
If an amendment provides for an exch	ange, reclassification, or cancellation of issued share	<u>s,</u>
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
X () A		
NIA		
		·

The date of each amendment(s) adoption:	, if other than the
fate this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days o	after amendment file date)
Note: If the date inserted in this block does not meet the applicable st locument's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board o action was not required.	f directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through vo- must be separately provided for each voting group entitled to vote sep	
"The number of votes east for the amendment(s) was/were suffi	cient for approval
by(voting group)	."
(voting group)	
Dated June 2, 2022	
Signature dw	
(By a director, coresident or other officer – if selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Anajaine "Ano	Te" Villacempa f person signing)
(1 yped of printed name o	r person signing)
(Title of person signing)	
(Title of person signing)	