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COVER LETTER

TO: Amendment Section Division of Corpo				
NAME OF CORPOR	0000000	ncy, Inc. 79940		
	•	1110		
The enclosed Articles of	f Amendment and fee are sub	mitted for filing.		
Please return all corres	oondence concerning this mat	ter to the following:		
-	Sarai C.	Alcala Name of Contact Person		
	SA Agai	1CV Toc		
-	7.096.	Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	655 S. M	ain St		
-		Address		
	Bolle Gla	de FL 33 City/ State and Zip Code	143 <i>0</i>	
•		City/State and Zip Code		
	Sarai. alcal E-mail address: (to be us	a <u>Egleatfli</u> ed for future annual report	orida, com	
For further information	concerning this matter, pleas	e call:		
Sarai C	. Alcala	a _t (561_	992-7755	
Name o	f Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mai</u>	ling Address		<u>Address</u>	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Taliahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

FILED

2021 CED 1 C DH 1 OC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
PO2000 799 40 SECRETARY OF STATE	
(Document Number of Corporation (if known) 133EE, FL	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendits Articles of Incorporation:	lment(s) to
A. If amending name, enter the new name of the corporation: The	o e u
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 w "chartered," "professional association," or the abbreviation "P.A."	p., ''
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -
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 Sarai C- Alcala	
16368 Hanrin Blud Loxahatchee, FL 33470)
New Registered Office Address: 655 S. Main St Belle Glade. Florida 33432 (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.	

address of each Office tattach additional she Please note the officer P = President; V = Vi Executive Officer; CF President, Treasurer, Changes should be no a change, Mike Jones Mike Jones, V as Rem	eer and/or Director tests, if necessary) te/director title by the fee President: T= T TO = Chief Financia Director would be ted in the following leaves the corpora	r being added: e first letter of the office title: reasurer: S= Secretary: D= Director: TR= il d Officer. If an officer/director holds more the PTD. g manner. Currently John Doe is listed as the tion, Sally Smith is named the V and S. These	r/director being removed and title, name, and Trustee: C = Chairman or Clerk; CEO = Chiej in one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Pres./Direc	tor Brian T. Lariviere	
Add			
X Remove			
2) Change			
Add			
Remove Change	Tre. Sec/Dire	ector Albert W. Sprague	
Add			
Remove		$S = \{0, 0, 1, 1, \dots, N\}$	
4) Change	PTD	Sarai C. Alcala	14368 Hamlin Blud
X Add			Loxanatchee, FL 33470
Remove	. ,		
5) Change		Isaias Alcala	16368 Hamlin Blvd
X Add			Loxchatchee, FL33470
Remove			
6) Change			
Add			
Remove			

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E. If amending	or adding additional Ar	ticles, enter chang	(e(s) here:		
(Attach additi	ional sheets, if necessary).	(Be specific)			
			 		
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	-	_			
				<u> </u>	
					
	 -	 -		<u></u>	
F. If an amendr	ment provides for an exc	hange, reclassifica	<u>ition, or cancellati</u>	on of issued shares,.	
provisions f	for implementing the am pplicable, indicate N/A)	endment if not cor	ntained in the ame	ndment itself:	
-		<u> </u>			
					 -
					······································

The date of each amendment(s) adoption: February 10, 2021 if date this document was signed.	other than the
Effective date if applicable: (no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and share action was not required.	l nolder
☐ 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)	
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) (Typed or printed name of person signing) (Title of person signing)	