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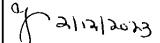


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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

name of corporation: Xtverne document number: 20000049	wholesale Corporation 18950		
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Darsaft	JName of Contact Person		
<del></del>	Firm/ Company		
8100 W 28th C+ Unit 108			
Hialean, FL 33018 City/ State and Zip Code			
E-mail address: (to be use	CYC31 CAMOII COM ed for future annual report notification)		
For further information concerning this matter, please	e call:		
DaySafy Vario Peregra C	(USTVO) at (7-86) 470 - 6008  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 & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (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 to Articles of Incorporation of

XTREME Wharsale Corp	DOTATION 2022 NOV 17 AM II: 13
(Name of Corporation as currently	y filed with the Florida Dept. of State)
(Document Number of	TALL ASSES, FI
	•
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "e "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", -> "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	S370 NW 150 <sup>th</sup> St Unit C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Opa Locka, FL 33054 3300 NW 52 <sup>rd</sup> St Miami, FL 33142
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	<u>:</u>
Name of New Registered Agent (VAY OF Y) (Florida str	dring Penegra Castro gen address)
New Registered Office Address: HVAICAM	. Florida 33 OVS (Ciny (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent.—I am familiar v	
Signature of New R	egistered Agent, if changing

Check if applicable

 $<sup>\</sup>square$  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 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>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	l <u>v Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Darsafty Penyra	8100 W 28th Ct Unit 103
Remove 21ChangeAdd	<u>P</u>	Lazaro Milian	Hialean, FL33018 3300 NW 52 <sup>nd</sup> St Micimi, FL33142
Remove Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change			
Add Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	e <mark>s, enter change</mark> (Be specific)	e(s) here:			
NIA	í				
			*		
- 1-3- H	——————————————————————————————————————		<u> </u>	<del></del> .	
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f an amendment provides for an exchan	ige, reclassificat	ion, or cance	Hation of issue	ed shares,	
provisions for implementing the amend (if not applicable, indicate N/A)	ment if not con	tained in the :	amendment it:	<u>self:</u>	
	NIA				
·					
			<del>-</del>		
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•

The date of each amendment(s) adate this document was signed.	doption:	, if other than the
-		
Effective date if applicable:	(no more than 90 days after amendn	nent file date)
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing epartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors wi	ithout shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes eaufficient for approval.	ist for the amendment(s)
	proved by the shareholders through voting groups, reach voting group entitled to vote separately on the	
"The number of votes cas	for the amendment(s) was/were sufficient for appr	roval
by		" "
	(voting group)	
Dated	13/2022	
selecti	lirector, president or other officer – if directors or ord, by an incorporator – if in the hands of a received ted fiduciary by that fiduciary)	officers have not been r, trustee, or other court
	(Typed or printed name of person sign	eveyra Castro
	(Title of person signing)	