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## COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: The Only One Troup INC DOCUMENT NUMBER: P2000 46805 P2200046865						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Carlos J. Haldonado Name of Contact Person						
Colo 43 Ster Dust Lane						
Orkando, FL. 32818  City/ State and Zip Code						
the one group & Cloth. Com  E-mail address: (to be used for future annual report notification)  12. 22. 23. 24. 25. 26. 27. 27. 28. 28. 28. 28. 28. 28. 28. 28. 28. 28						
For further information concerning this matter, please call:						
Carlos Haldonado at (321) 588 – 4595  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 Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee						

2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

## Articles of Amendment to **Articles of Incorporation**

The Only One Gr	OUP, INC.		
(Name of Corpora	ation as currently filed with the F	lorida Dept. of State)	
12000 46865	. P220000	20801/	
(Doct	ument Number of Corporation (if I	known)	<del></del>
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the	corporation:		
***		g	Pl
name must be distinguishable and contain the word ' "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb	c," or "Co". A professional co	corporated" or the abbreviation	The new "Corp.," the word
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ROY)		2023
			JUN 20
			生式 20
D. If amounting the market and account of the state of th	. 1.60		<del></del>
D. If amending the registered agent and/or regist new registered agent and/or the new registered		nter the name of the	
Name of New Registered Agent			9: 42 :: 5TAT :: E. FL
Mante of Wen Heggitted Agem			mi
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Cod	de)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent:  . I am familiar with and accept the	ue obligations of the position.	
Six	gnature of New Registered Agent, i	f changing	
	,	/ C C	

Check if applicable

☑ 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>	John Doc	
•			
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name T (	Address
1) Change	$\Delta$	Ericson J. Gonzalez	6643 Stardust LN
_XAdd		Radriguez'	<u>Crlando, FL. 32818</u>
Remove			
2) Change			
Add			202
Remove Change			ZIZIZI JUN 20 AM 9: 42
Add			71H
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) adopt date this document was signed.	ion: June 01, 2023	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 klays after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this datement of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
· · ·	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – If in the hands of a receiver, trustee, or other court iduciary by that fiduciary)  AV 10S Hadmado  (Typed or printed name of person signing)  Predictive (Title of person signing)	2023 JUN 20 MM 9: 42 SECRETARY OF STATE TALLA HASSEE, FL