P22000057643

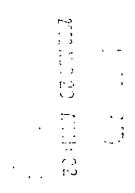
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section

Division of Corporations

Whimsey, Inc NAME OF CORPORATION: P220000574 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alexandria Given
Name of Contact Person Whimbey, Lnc Firm/ Company 1142 YNKShire St. PIXT MAY OHE, PL, 33952 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (AUI), 451-3524

Area Code & Davtime 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 Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

of

| (Name of Corporation as currently filed with the Florida Dept. of State) P20000571497 (Document Number of Corporation (if known)) (Parsuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to staticles of Incorporation: A. If amending name, enter the new name of the corporation: | Whimney Inc | | |
|--|---|------------------------------|-----------------|
| **Comparison of Section 607.1006. Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to Articles of Incorporation: **A. If amending name, enter the new name of the corporation:** **A. If amending name, enter the new name of the corporation:** **Inc.** or Co.** or the designation "Corp.** "Inc.** or "Co.** A professional corporation name must contain the word "corporation," or the designation "Corp.** **The new name must be distinguishable and contain the word "corporation," or "reorporated" " professional association," or the abbreviation "P.A.** **B. Enter new principal office address, if applicable: [Principal office address MUST BE A STREET ADDRESS] **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** **One Registered Office Address: | (Name of Corporation as currently filed with the Florida Dept. of State) | | , |
| Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to the Articles of Incorporation: A. If amending name, enter the new name of the corporation: | P22000057643 | | |
| A. If amending name, enter the new name of the corporation: | (Document Number of Corporation (if known) | | |
| The new 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 word "chartered." "professional association." or the abbreviation "P.A." 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 New Registered Agent New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Agent New | Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation: | owing amen | dment(s) t |
| "The." or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered." "professional association." or the abbreviation "P.A." 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 (Florida street address) New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: 1 am familiar with and accept the obligations of the position. New Registered Agent as registered agent. 1 am familiar with and accept the obligations of the position. New Registered Agent, if changing | A. If amending name, enter the new name of the corporation: | The | new |
| 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 (Florida street address) New Registered Office Address: New Registered Office Address: (City) 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. New Registered Agent, if changing Registered Agent. Signature of New Registered Agent, if changing | name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co "chartered," "professional association," or the abbreviation "P.A." | riation "Cor intain the v | rp.," vord |
| 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 (Florida street address) New Registered Office Address: New Registered Office Address: (City) 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. New Registered Agent, if changing Registered Agent. Signature of New Registered Agent, if changing | B. Enter new principal office 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 | (Principal office address MUST BE A STREET ADDRESS) | | |
| Name of New Registered Agent New Registered Office Address: I A | C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| Name of New Registered Agent New Registered Office Address: I A | D. If amending the registered agent and/or registered office address in Florida, enter the name of the | | |
| New Registered Office Address: New Registered Office Address: New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | new registered agent and/or the new registered office address: | | |
| New Registered Office Address: City Florida Cip Code 100 | Name of New Registered Agent | | <u>ጉ</u> ጋ , |
| New Registered Office Address: (City) (City) 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. Mathematical Signature of New Registered Agent, if changing Signature of New Registered Agent, if changing | | | د ، |
| 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. W | (Florida street address) | | |
| 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. W | New Paristered Office Address: VIA | • | * |
| I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | Zip Code) | 1,0 |
| Check if applicable | Signature of New Registered Agent, if changing | ion. | |
| | 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)

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</u> | John Doe | |
|-------------------------------|-------------|------------------|--------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) X Change | <u> </u> | Alexandria Given | 1142 yorksnive A |
| Add | | | port Charlotte FC |
| Remove 2) X Change | <u>, S</u> | Kelly clayton | U125 Chesnive Park |
| Add | | , , | CLAYESTOM, MI |
| Remove Change | | | 48344 |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| tach additional sheets, if necessary). | (Be specific) |
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| <u>an amendment provides for an exc</u> | change, reclassification, or cancellation of issued shares, |
| rovisions for implementing the am | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| NIA | |
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| The date of each amendment(s) adoption: 8/24/2027 |
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| The date of each amendment(s) adoption: |
| 812412092- |
| Effective date if applicable: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| (no mine man 20 days difer amenanem the dane) |
| 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) (<u>CHECK ONE</u>) |
| 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 |
| by" (voting group) |
| |
| Dated 8/24/2022 |
| Signature And I had |
| (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) |
| 1 1 a y a a 1 a = (a = (a = 0) |
| Alexandra Given |
| (Typed or printed name of person signing) |
| $\mathcal{V} \mathcal{F}$ |
| (Title of person signing) |