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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: TARRE CORPOR | ATION | | |
|--|--|--|--|--|
| DOCUMENT NUM | BER: P23000041928 | | | |
| | of Amendment and fee are su | abmitted for filing. | | |
| Please return all corre | spondence concerning this ma | atter to the following: | | |
| | KATHERINE TARRE | | | |
| | | Name of Contact Persor |) | |
| | TARRE CORPORATION | | | |
| | | Firm/ Company | | |
| | 1716 STATE AVE | | | |
| | | Address | | |
| | LEHIGH ACRES, FL 33972 | | | |
| | | City/ State and Zip Code | 2 | |
| | TARRECORP@GMAIL.CO | M | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further informatio | n concerning this matter, plea F. | se call: at (²³⁹ | 410-3920 | |
| Name | of Contact Person | Area Coo | de & Daytime Telephone Number | |
| Enclosed is a check fo | or the following amount made | payable to the Florida Depa | artnent of State: | |
| S35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status 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

| | | _ | _ | | | | | | | ~ | | |
|----|---|---|---|------|-----|-----|----|-----|---|-----|----|--|
| Т. | Λ | ĸ | ĸ | CC | JK. | 17(|)K | . 1 | М | () | ٦. | |

| Name | of Corporation as curre | ently filed with the Florida Dept. of State) | | | |
|--|---|---|----|--|--|
| P23000041928 | or corporation as curre | entrinea with the Fightua pept. of State) | | | |
| | (Document Numbe | er of Corporation (if known) | _ | | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | ,1006, Florida Statutes, th | his Florida Profit Corporation adopts the following amendment(s) | to | | |
| A. If amending name, enter the new n | ame of the corporation: | E W/A | | | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association, | Corp, " "Inc, " or "Co". | ""company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word | | | |
| B. Enter new principal office address, if applicable: | | 1716 STATE AVE | | | |
| (Principal office address MUST BE A S | | LEHIGH ACRES. FL 33972 | | | |
| | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 1716 STATE AVE | | | |
| (maining dual Cos <u>59.11 59.27 1 55.11</u> | <u> </u> | LEHIGH ACRES, FL 33972 | | | |
| | | | | | |
| new registered agent and/or the ne | | ddress in Florida, enter the name of the ess: | | | |
| Name of New Registered Agent | 1716 STATE AVE | | | | |
| | | street address) | | | |
| New Registered Office Address: | LEHIGH ACRES | , Florida ³³⁹⁷² | | | |
| <u> </u> | | (City) (Zip Code) | | | |
| | | | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis. | hanging Registered Age tered agent. I am familia | ent: ar with and accept the obligations of the position. | | | |
| | | | | | |
| | Signature of Nev | v Registered Agent, if changing | | | |
| Check if applicable ☐ The amendment(s) is/are being filed p | oursuant to s. 607.0120 (1 | 1) (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 = ChiefExecutive 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> | ohn Doe | |
|----------------------------|---|--------------------------|------------------------|
| X Remove | <u>V</u> <u>N</u> | Aike Jones | |
| _X Add | <u>sv</u> <u>s</u> | sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | D | ERNESTO J TARRE CASTILLO | 1716 STATE AVE |
| X Add | | | LEHIGH ACRES, FL 33972 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| f amending or adding addition Attach additional sheets, if nece. | ssary). (Be speci | fic) | W/A | | |
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| f an amendment provides for | an avehanga rock | assification or | cancellation of | icened chares | |
| provisions for implementing t | he amendment if | not contained | n the amendme | nt itself: | |
| (if not applicable, indicate | NZA) | NILA | | | |
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| The date of each amendment(s) ac | option: | , if other than the |
|---|--|--|
| date this document was signed. | | , |
| Effective date if applicable: | (no more than 90 days after amendment | file datet |
| | more many and the transfer and the trans | , ne mana, |
| Note: If the date inserted in this b document's effective date on the De | ock does not meet the applicable statutory filing requartment of State's records. | uirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ado action was not required. | pted by the incorporators, or board of directors withou | it shareholder action and shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes east for flicient for approval. | or the amendment(s) |
| | roved by the shareholders through voting groups. The each voting group entitled to vote separately on the ar | |
| "The number of votes cast | for the amendment(s) was/were sufficient for approva | I |
| by | (voting group) | |
| | (voting group) | |
| Dated 12/14 | /23 | |
| Signature | 1240 | • • |
| (By a di selectec | rector, president or other officer—if directors or office, by an incorporator—if in the hands of a receiver, trued fiduciary by that fiduciary) | |
| | Katherine Tarre (Typed or printed name of person signing) | |
| | (Typed or primed name of person signing) | |
| | <u>tresident</u> | |
| | (Title of person signing) | |