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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CARRIE CONCESS	SIONS, INC.		
DOCUMENT NUMI	BER:			
The enclosed Articles	of Amendment and fee are sub	mitted for filing.		
Please return all corre	spondence concerning this matt	ter to the following:		
	Michelle Austin Pamies, Esq.			
		Name of Contact Person		
	Austin Pamies Norris Weeks			
		Firm/ Company		
	401 NW 7TH AVENUE		_	
		Address		
	FORT LAUDERDAE, FL 33311			
	City/ State and Zip Code			
	mpamies@apnwplaw.com			
		ed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call: at (. 768-9770	
Name of Contact Person		at (Area Coo	le & 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 & 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

FILED

CARRIE CONCESSIONS, INC.		2024-001-0
(Name o	of Corporation as currently filed with the Florida	a Dept. of State 7 AM 8: 32
59-2205459	612836	The die in the
	(Document Number of Corporation (if known) MELAHASSEE. FLORIDA
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the cornoration:	
A. If amending name, enter the new m	<u> </u>	T
	the word "corporation," "company," or "incorpor	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Coattered," "professional association,"	Corp." "Inc," or "Co". A professional corpora	tion name must contain the word
B. Enter new principal office address,	if applicable:	
(Principal office address MUST BE A S	TREET ADDRESS)	
		•
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	OFFICE BOX)	
(muning unit ess mai per 1 33.	<u></u>	
		the name of the
D. If amending the registered agent a new registered agent and/or the ne	nd/or registered office address in Florida, enter the registered office address:	the name of the
new registered agent and/or the ne		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address		_, Florida
New Registered Office Address	(City)	(Zip Code)
New Registered Agent's Signature, if	changing Registered Agent:	ti di Calina anniai an
I hereby accept the appointment as regi-	stered agent. I am familiar with and accept the ob	ugations of the position.
	Signature of New Registered Agent, if cha	inging
		
Check if applicable	(00.0100 (11) () 5.0	
☐ 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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PD	Brenda J. Rivers	3627 Douglas Road
Add			Coconut Grove, FL 33133
Remove			
2) Change	VP	Valerie Crawford	50 Biscayne Blvd, #806
X Add			Miami, FL 33132
Remove 3) Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	rticles, enter change(s) . (Be specific)			
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an amendment provides for an expressions for implementing the an (if not applicable, indicate N/A)	<u>mendment if not conta</u>	on, or cancellation ined in the amend	of issued shares, ment itself:	
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rovisions for implementing the ar	<u>mendment if not conta</u>	on, or cancellation	of issued shares, ment itself:	

The date of each amendm	ent(s) adoption:	, if other than the
date this document was sign	ned.	
Effective date <u>if applicabl</u>	e: (no more than 90 days after amendment file date)	
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, then the Department of State's records.	nis date will not be listed as the
Adoption of Amendment((S) (CHECK ONE)	
The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/ by the shareholders wa	were adopted by the shareholders. The number of votes cast for the amend s/were sufficient for approval.	mert(s)
must be separately pro	were approved by the shareholders through voting groups. The following swided for each voting group entitled to vote separately on the amendment(s) of the amendment(s) was/were sufficient for approval	·
by	(voting group)	-8 -8
	ctober 2, 2024	AM 8: 32 E. FLORIDA
Dated Signatur	(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	been
	Brenda J. Rivers	
	(Typed or printed name of person signing)	
	President and Directro Director	
	(Title of person signing)	