634278

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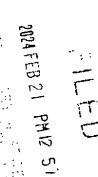
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A. RAMSEY
MAR & 2024

COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: ALTRUA GLOBA	AL SOLUTIONS, INC.	
DOCUMENT NUM	BER: 634278		
The enclosed Article.	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	ALBERT SMELKO, JR.		
		Name of Contact Persor	1
	ALTRUA GLOBAL SOLUT	TIONS, INC.	
		Firm/ Company	
	3225 HARTSFIELD RD		
		Address	
	TALLAHASSEE, FL. 32303		
	·	City/ State and Zip Code	2
	SSMELKO@ALTRUA.COM	М	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
ALBERT SMELKO	JR.	at (509-6132
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation

HLEU

ALTRUA GLOBAL SOLUTIONS, INC. 2024 FEB 21 PM 12 57 (Name of Corporation as currently filed with the Florida Dept. of State) 634278 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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 (Florida street address) New Registered Office 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. Signature of New Registered Agent, if changing

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 PT John Doe $\underline{\mathbf{V}}$ X Remove Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Address Name. (Check One) ABIGALE SMELKO 4252 WILLIAM JAMES WAY 1) ____ Change X _Add TALLAHASSEE, FL. 32303 ____ Remove ISABEL SMELKO 4252 WILLIAM JAMES WAY 2) Change TALLAHASSEE, FL. 32303 Add _ Remove 3) ____ Change ___ Add Remove 4) ____ Change ____ Add Remove 5) ____ Change ___ Add __ Remove 6) ____ Change ___ Add Remove

ttach additional sheets, if necessary). (Be specific)		
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an amendment provides for an ex	change, reclassification,	or cancellation of issue	d shares,
rovisions for implementing the ar	mendment if not contain	ed in the amendment its	elf:
(if not applicable, indicate N/A)			
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	2/12/24
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not be listed as the t of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment(s) for approval.
☐ The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval
by	voting group)
1	voting group)
2/12/24 Dated	
Signature (By a director p	resident or other officer – if directors or officers have not been
selected, by an i	ncorporator – if in the hands of a receiver, trustee, or other court (ary by that fiduciary)
ALBER	T SMELKO, JR.
	(Typed or printed name of person signing)
CFO/ PF	RESIDENT