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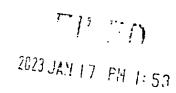
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WHITE LION AN	TIQUES, INC.		
DOCUMENT NUM				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Shannon Swank			
	**	Name of Contact Persor	 1	
	L26298			
		Firm/ Company		
	146 NW 7th Street			
		Address	· · · · · · · · · · · · · · · · · · ·	
	Homestead FL 33030			
		City/ State and Zip Code		
	gotoswankridge@aol.com			
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas		248-1076	
Name	of Contact Person	Area Coo) 248-1076 de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made			
\$35 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)	
	iling Address		Address	
	endment Section	Amendment Section		
	ision of Corporations . Box 6327	Division of Corporations The Centre of Tallahassee		
	ahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



WHITE LION ANTIQUES INC.

(Name of Corporation as cu	rrently filed with the	Florida Dant of State)	· <u> </u>
1.26298	arenty med with the	rorida Dept. or state)	
(Document Num	nber of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit</i> (Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corporation	on:		
			The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation	o". A professional	incorporated" or the abbr corporation name must	eviation "Corp.," contain the word
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 <u>MAY BE A POST OFFICE BOX</u>)			
D. If amending the registered agent and/or registered offic		enter the name of the	
new registered agent and/or the new registered office ad	ddress:		
Name of New Registered Agent			
(Flor	rida street address)		
New Registered Office Address:	Z 11.	, Florida	
	(Ciţy)		(Zip Code)
New Registered Agent's Signature, if changing Registered a	Agent:		
I hereby accept the appointment as registered agent. I am fam	ulliar with and accept	the obligations of the pos	ition.
Signature of I	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)

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	PT	<u>John Do</u>	<u>oe</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change	<u>T</u>	_	Katie P. Jones		
Add					
X Remove					
2) Change					
Add					
Remove 3) Change		_			
Add					
Remove				**************************************	
4) Change		_			
Add					
Remove					
5) Change		_		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Add					
Remove					
6) Change		_	#ATT-ATT-ATT-ATT-ATT-ATT-ATT-ATT-ATT-ATT		
Add					
Remove					

	ets, if necessary).	cles, enter change((Be specific)			
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	ovider for an exch	ange reclassificati	on or concellation	of icenad shares	
f an amendment ne	STILES IOI AII CACI	ndment if not conta	ined in the amend	ment itself:	
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1/6/2023		
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after an	(endment file date)
Note: If the date inserted in this document's effective date on the I		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors	ors without shareholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of vo sufficient for approval.	tes east for the amendment(s)
	oproved by the shareholders through voting grown each voting group entitled to vote separately	
"The number of votes ca	st for the amendment(s) was/were sufficient fo	r approval
Shannon Swank, Lor	y Swank and Shawn Swank	22
by	(voting group)	 ·
selec	director, president or other officer – if director ed, by an incorporator – if in the hands of a reduced fiduciary by that fiduciary)	
	Shannon Swank	
	(Typed or printed name of persor	signing)
	Vice President	
	(Title of person signing)	