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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: A. GIGUERE, INC	C.			
DOCUMENT NU					
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	PHILLIPPE GIGUERE				
	A. GIGUERE, INC.	Name of Contact Person	1		
	Firm/ Company				
	9100 SAINT CLAIR LANE				
	-	Address			
	PORT RICHEY, FL 34668				
1		City/ State and Zip Cod	e		
I	MARCIA@COUNTRYTILI	EFL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informa	tion concerning this matter, plea	se call:	243-0598		
		at (
ivan	ne of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
A I D P	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

A. GIGUERE, INC.

(Name of Corporation as current	tly filed with the Florida Dept. of State)
M66492	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
a. If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp." "Inc," or "Co". 'Chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	, N
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
,	
	5
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
1	
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	
	with and decept the orangations of the position.
Signature of New 1	Registered Agent, if changing
Signature of them I	and desired and an anguillant
heck if applicable	(c) FS

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		DAVID GIGUERE	4141 DRISTOL AVENUE
Add	· · · · · · · · · · · · · · · · · · ·	_		SPRING HILL, FL 34609
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

	lational sheets, if necessary). (Be specific)
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The date of each amendment(s):	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amount of the approval.	endment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendmen	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
SEPTEM Dated	BER 13, 2024	
Signature	Dio Nimo	
(By\a e	lirector, president or other afficer – if directors or officers have red, by an incorporator – if in the hands of a receiver, trustee, or o	tot been
	ited fiduciary by that fiduciary)	ther court
	PHILLIPPE GIGUERE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	