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TO: Amendment Section Division of Corporations

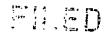
Tallahassee, FL 32314

NAME OF CORPORATION:	er Alliance, Inc		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Stephen H. Thomas			
	(Name of Contact F	erson)	
Thomas Law & Consulting, PLLC			
	(Firm/ Compan	y)	
2910 Kerry Forest Parkway, D4 #375			
	(Address)	•	
Tallahassee, FL 32309			
	(City/ State and Zip	Code)	
sthomas@tlclaw.net			
E-mail address: (to be i	used for future annual re	port notification	on)
For further information concerning this matter, ple	ease call:		
Stephen H. Thomas	a	850	792-4936
(Name of Contact Per		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida	Department of	f State:
■ \$35 Filing Fee	& □\$43.75 Filing Fee us Certified Copy (Additional copy enclosed)	Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	reet Address mendment Sec ivision of Corp he Centre of	oorations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Florida Consumer Alliance, Inc

Florida Consumer Alliance, Inc.		0001 4110 41 - 511
Name of Corporation as currently filed with the Florida I	2021 AUG 1 1 PH 12: 42	
N19000011877		SUGRETALLY OF STATE
(Document Numb	er of Corporation (if known)	UZORET, AM OKISTATE IALLAHASSEE, FL
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit</i> (Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
NA		The new
name must be distinguishable and contain the word "corpora	tion" or "incorporated" or the	abbreviation "Corp," or "Inc."
"Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable:	2910 Kerry Forest Parkway, E	94 #375
(Principal office address MUST BE A STREET ADDRESS	Tallahassee, Fl. 32309	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2910 Kerry Forest Parkway, I	04 #375
(mailing dudiess MAT BL AT OST OTTICE BOX)	Tallahassee, FL 32309	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent:		е name of the
	ry Forest Parkway, D4 #375	
	(Florida street	address)
New Registered Office Address:		
Tallahass	ec	, Florida
		(Zip Code)

Signature of New Registered Agent, if changing

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 X Remove X Add	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	D	Melanie Weaver Carr	1444 Terrace Street, #2 Tallahassee, FL 32303
x Remove			
2) Change Add	D	Stephen H Thomas	2910 Kerry Forest Parkway, D4 #3 Tallahassee, FL 32309
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<u></u>	
Remove			
E. <u>If amending or additional sheet</u>		icles, enter change(s) here: (Be specific)	
<u>NA</u>		11444	

he date of each amendment(s) adoption: NA if other than this document was signed. The date if applicable: (no more than 90 days after amendment file date) (no more than 90 days after amendment file date) (ate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	•		
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document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 08/04/2041
Signature (By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Brett Tillotson
(Typed or printed name of person signing)
President

(Title of person signing)