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SECRETARY OF STATE
TALLAHASSEE, FI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	SHAKING FOR CO	RP.			
	N22000012596				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are subj	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
JOHANA PENA					
·		(Name of Contact Pe	rson)		~
					2023 DEC 19 SEGRITARY
.,		(Firm/ Company)		22
1140 S. ALHAMBRA CIR	CLE				P. P.
		(Address)			10 m = 7
CORAL GABLES, FL 331	46				
		(City/ State and Zip C	Code)		
Joanna.Pena@beamsuntory	.com				
- I	-mail address: (to be used	for future annual rep	ort notification	n)	
For further information con-	cerning this matter, please	call:			
JOANNA PENA		at	305	812-2297	
	(Name of Contact Person		(Area Code)	(Daytime Telep	ohone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida I	Department of	State:	
■ \$ 35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	

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

SHAKING FOR CORP.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
N22000012596	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:
	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>ress</u>)
	ACC OF THE
	TT TT CONTRACTOR OF THE PARTY O
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	HA 10 1
(maining dataress <u>max on a 1931 911 felt bo.</u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
	71N C MM 2001
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent. I	istered Agent: I am familiar with and accept the obligations of the position.
	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:

 $P = President; \ F = Vice \ President; \ T = Treasurer, \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office$ 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 Do V Mike Jo SV Sally So	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	VP	EDDIE ABILIO FUENTES	1140 S. ALHAMBRACIREDE CORAL GABLES TL 33146
X Remove			- - 52 7
2) Change Add			
Remove 3) Remove Add Remove			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4) Change Add			
Remove 5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ing additional Arrets, if necessary).	ticles, enter change(s) here: (Be specific)	

		2023 DEC 19 PH 4: 57 SECRETARY OF STITE SECRETARY OF STITE
The data of each amondments) adoption	n; 11/21/2023	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements ent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	

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 memb adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
Dated _	12/06/2023
Signature _	Hanse Perce
Ì.	By the chairman or vice chairman of the board, president or other officer-if directors nave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JOANNA PENA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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SECRETARY OF STATE
AND SEEL FL