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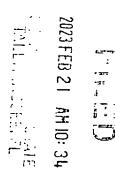
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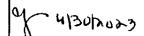
Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEVEN BRENDTRO (Name of Contact Person) WE ARE PERDIDO INC (Firm/ Company) 10447 SORRENTO RD SUITE 100 PMB 200 (Address) PENSACOLA. FL 32507 (City/ State and Zip Code) info@weareperdido.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEVEN BRENDTRO (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S33 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Enclosed) (Additional Copy is Enclosed)	NAME OF CORPORATION: WE ARE PERDIDO INC	·· ·		
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Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	Amendment Section	Amend	ment Secti	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of



WE ARE PERDIDO INC

2023 FEB 21 AM 10: 34 (Name of Corporation as currently filed with the Florida Dept. of State) N22000013782 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) 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

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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	GILBERT BIRGEL	10447 SORRENTO RD SUITE 100 PMB 200
X Remove			PENSACOLA, FL 32507
2) Change X Add	<u>D</u>	MICHELE CAMERON	10447 SORRENTO RD SUITE 100 PMB 200
Remove 3) Remove Add Remove			PENSACOLA, FL 32507
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	

	<u> </u>
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	, ii oulei man tile
date this document was signed.	
Dec. of the second second	
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 does not meet the applicable statutory filing requirements, this date will re-	not be listed as the
document's effective date on the Department of State's records.	
•	

(CHECK ONE)

Adoption of Amendment(s)

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

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated	FEBRUARY 17, 2023
	1 1 B
Signatu	(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)
	STEVEN BRENDTRO
	(Typed or printed name of person signing)
	CHAIRMAN
	(Title of person signing)