## N23000004801

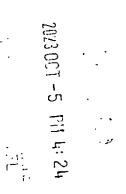
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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

HIPHOP - NAME OF CORPORATION:	WALL STREET INC		
N23000004801 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fo			
Please return all correspondence concerning	this matter to the follow	ing:	
Lakeisha R. Simms, Esq.			
	(Name of Cont	act Person)	
L Simms Legal, PLLC			
	(Firm Cor	npany)	·
4830 W Kennedy Blvd., Ste 600		•	
·	(Addre		
Tampa, FL 33609			
	(City State and	l Zip Code)	
lakeisha@lsimmslegal.com			
E-mail address; (	to be used for future annu	al report notificati	<del>on</del>
or further information concerning this matt	er, please call:		
Lakeisha R. Simms, Esq.		813 at	510 - 6000
(Name of Conta	ct Person)	(Area Code)	(Daytime Telephone Number)
inclosed is a check for the following amoun	t made payable to the Flo	rida Department o	f State:
量 \$35 Filling Fee □\$43.75 Filling Certificate o		oy Cert opy is Cert (Add	50 Filling Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Corp The Centre of	oorations

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

HIPHOP - WALL STREET INC

2023 OCT -5 PH 4: 24

(Name of Corporation as currently filed with the Fl	orida Dept. of State)
N23000004801	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:
	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 MUST BE A STREET ADD.	RESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>\( \frac{1}{2} \) \( \frac{1}{2} \)</u>
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name and Name David and Advance	,
Name of New Registered Agent	
New Registered Office Address:	rklorida streci adibessi
	. Florida
<del></del>	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:
thereby 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 = Ireasurer, S = Secretary, D = Director; IR = Irustee; 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, Freasurer, Director would be PTO =

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 4dd

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT         John D           V         Mike John SV           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	V	EDGAR U VEIZAGA	6936 ALPINE DRIVE ANNANDALE VA 22003
× Remove			
2) Change Add	<u>T</u>	NARCISO J MONTAS	11850 FREEDOM DRIVE #2106 RESTON VA 20190
X	V	ALEX ANDRADE JR	3086 KALEI COURT PERRIS, CA 92571
4) Change Add	<u>T</u>	CATINA CARTER	1293 HEUCKS RETREAT RD BROOKHAVEN, MS 39601
Remove 51ChangeAddRemove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here; (Be specific)	

<u></u>		
		<del></del>
	-	<del>_</del>
		<del></del>
		<del></del>
		<del></del>
	7.	
The date of each amendment(s) adopt date this document was signed.	ion:	_, if other than the
Effective date if applicable:		
<u></u>	tno more than 90 days after amendment file dater	
Note: If the date inserted in this block d document's effective date on the Depart	oes not meet the applicable statutory filing requirements, this date will not I ment of State's records.	oe listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes east for the amendment(s)	

ppied by the b	oard of directors.
Dated	AUGUST 18TH, 2023
Signatur	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	CHARLES K POTTER, JR.
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was were