N230000/2740

(Reque	estor's Name)	
(Addre	ss)	
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(Ĉib/lS	tate/Zip/Phone #	<u>, </u>
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PICK-UP	WAIT	MAIL
/Rusin	ess Entity Name)	
(Dusiiii	ess Entity Mairie)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at 954 954-854-848 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee X \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Passion 4 Pauls Inc.			
(Name of Corporation as currently filed with the Florid	la Dept. of State)		
N23000012740			
(Document Nu	mber of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida N</i>	ot For Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name of the corpo	ration:		
$\frac{1}{\Lambda I} / \Lambda$		Ti	he new
name must be distinguishable and contain the word "corpo	oration" or "incorpo	rated" or the abbreviation "Corp." or "	Inc.
"Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRE.	<u>ss</u>)		
		. .	
C. Enter new mailing address, if applicable:	, A		
(Mailing address MAY BE A POST OFFICE BOX)	N/A		
	,	; <u>;</u> ;	
D. If amending the registered agent and/or registered of	office address in Flo	rida, enter the name of the	
new registered agent and/or the new registered offic	e address:		
Name of New Registered Agent:	//+		
,.,			
		(Florida street address)	
New Registered Office Address:			
		Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: a familiar with and a	ecept the obligations of the position.	
	Signature of New B	egistered 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	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP/D	Kellie Christensen	3100 Oaks Clubhouse Dr.
Remove 2) Change Add	VP/D	TiFtany D'Alessandn	3600 Oaks Clubhouse Dr. Apt. 208 Pompuno Beh, Fl 33069 1801 N. 42nd Arenul Hollywood, Fl 33021
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	

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The date of each amendment(s)	adoption:			, if other than the
date this document was signed.				
	10:130	2.3.1		
Effective date if applicable:	April 25, 6	XUOLT		
	(no more than !	00 days after amendm	ent file date)	
			-	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 <u>April 25, 2024</u>
Signature Mary Poblism
(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)
Mary Robinson (Typed or printed name of person signing)
President
(Title of person signing)