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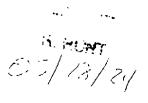
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Sebring (<u>Small Business</u> Org	anization (orp
DOCUMENT NUMBER: <u>N 240000</u> 38	<u> </u>	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte		
rease retain an correspondence concerning and make	r to the ronowing.	
Robert J. Adams		
	(Name of Contact Person)	
Sebring Soap Company, L	LC	
0	(Firm/ Company)	
111 N. Commerce Auc		(~) (**)
	(Address)	
Sebsing, FL 33870		TARY LAHA
0,	(City/ State and Zip Code)	SSS P
Setting SBOC gmail. Com E-mail address: (to be used		28 PH I2: 5 ARY OF STATE HASSEE, FL
		on) ri 🚥
For further information concerning this matter, please	call:	
Rubert J. Adams	at (412) 6	38-7449
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of	State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	(Additional copy is Certification (Addit	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address	Street Address	
Amendment Section	Amendment Sec Division of Corp	
Division of Corporations P.O. Box 6327	The Centre of	
Tallahassee, FL 32314		e Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida D	ept, of State)
N 84000003880	·
	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
NA	The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	μιΑ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7621.H.
(maining dualess Mail Distribution of Their Both)	MW 38 83 111
	SSE PA
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of then
new registered agent and/or the new registered office ac	ddress:
Name of New Registered Agent:	PIA
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
Sie	gnature 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	<u>V</u> <u>Mik</u>	n Doe se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) K Change Add	_S_	Savanna farmer	111 N. Commerce All Selving, FL 33870
Remove 2) Change Add		Gira Cornier	III N. Commercy Are Sebring FL 33770
Remove 3) Change Add Remove	+		
4) Change Add			
Remove Change Add		N/A	71.71 X X
Remove 6) Change Add			AHDSSEE F
E. If amending or add (attach additional sh		Articles, enter change(s) here: (i). (Be specific)	ATE S
		NA	

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	NH	
		
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		200
		LETARY OF ALLLAHASSEE
		PHIP: 51
	<u> </u>	FL S
		
	·	
The date of each amendment(s) adoption date this document was signed.	on: 5 921/ MA (no more than 90 days after amendment file date)	, if other than the
Effective date if applicable:	MA	
	(no more than 90 days after amendment file date) bes not meet the applicable statutory filing requirements, the	
document's effective date on the Departm	nest of State's records.	ons date with flot de fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the am	endment(s)

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 5 9 24
Signature
(By the chairman or vice chairman of the board, president or other officer-if directors mave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed liduciary by that fiduciary)
Rubert J. Adams
(Typed or printed name of person signing)
Director 4 TNSUTER (Title of person signing)
(*************************************

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