

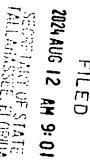
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: USKA Florida			
DOCUMENT NUMBER: N24006	006455		
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Michael White			
	(Name of Contact	Person)	
USKA Florida			
	(Firm/ Compa	ny)	
13385 Eleanor Avenue			
	(Address)		
Port Charlotte, FL 33953			
	(City/ State and Zi	p Code)	
uska.florida@gmail.com			
E-mail address: (to be	used for future annual r	eport notifica	ation)
For further information concerning this matter, pl	ease call:		
Michael White		941 at	518-9971
(Name of Contact Pe			le) (Daytime Telephone Number)
Enclosed is a check for the following amount made	ie payable to the Florid	a Departmen	t of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State		y is Co (A	(2.50 Filing Fee entificate of Status entified Copy additional Copy is nelosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	- /	Street Addre Amendment S Division of C The Centre (Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

USKA Florida		
(Name of Corporation as currently filed with the Florid	a Dept. of State)	
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Profit Corporatio</i>	n adopts the following
A. If amending name, enter the new name of the corpor		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviati .	on "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>n/9</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 AUG 12 3EGRE 1550 741 1751455
D. If amending the registered agent and/or registered o	ffice address in Florida, enter the name of	2 P P P P P P P P P P P P P P P P P P P
new registered agent and/or the new registered offic Name of New Registered Agent:	e address:	
New Registered Office Address:	(Florida street address)	
	<u> </u>	rida /// () Zip Code) (
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of t	he position.
	Signature of New Registered Agent, if chan	ging

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)	Title	<u>Name</u>	Address
1) Change Add	CFO	Heather Skowronski	20323 Mount Prospect Avenue Port Charlotte, FL 33952
X Remove			
2) Change Add	<u>CFO</u>	Lissette Santana	17840 Murdock Circle Unit 108 Port Charlotte, FL 33948
Remove 3) Remove Add Remove	. 	<u> </u>	
4) Change Add			
Remove 5) Change Add			
Remove 6)ChangeAdd			
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:late this document was signed.	, if other than th
8/2/24	
Effective date if applicable: 8/2/24 Ino more than 90 days after amendment file described.	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requ	irements, 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.

Dated	()7/27/24
Dateu	
Signature	Michael Utkle
(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)
	Michael White
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)

(Title of person signing)