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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: United S	states C	ombine	<u>d_</u>	Modia Inc
DOCUMENT NUMBER: N25 0000	11973			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.			
Please return all correspondence concerning this matter	er to the following	g:		
Johnny F. Po	179			
I	(Name of Contac	t Person)		
	_			
	(Firm/ Comp	eany)		
3400 Pan Amore	iran Dr			
3400 Pan Amore	(Address	.)		
Miami FL 33	3133			
Piami FL 33	(City/ State and Z	Zip Code)		
E-mail address: (to be used	d for future annual	report notific	cation	1)
For further information concerning this matter, please	e call:			
T.				
Johnny F. Rna (Name of Contact Person		at <u>56</u>	<u> -</u>	527-9146
(Name of Contact Person	1)	(Area Co	ode)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Flori	da Departme	nt of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing F Certified Copy (Additional copenclosed)	oy is C	Certifi Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Straat Addr		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

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

	nbined Hadia	Inc	
(Name of Corporation as currently filed with the	Florida Dept. of State)	-	
N 250	200011973		
(Docume	nt Number of Corporation (i	fknown)	
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not</i>	For Profit Corporation adop	ts the following
A. If amending name, enter the new name of the	corporation:		
			TL
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorpora	ited" or the abbreviation "Co	The new orp, " or "Inc."
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD			
			
C. Enter new mailing address, if applicable:			
(Muiling address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)		202
			5 5
		2	
	 .		
D. If amending the registered agent and/or regist		da, enter the name of the	≥
new registered agent and/or the new registered	d office address:	بنث	AH IO
Name of New Registered Agent:			<u> </u>
			~ U1
-	<u> </u>	(Florida street address)	
New Registered Office Address:			
_		, Florida	
	(City)	(Zip Code	e)
New Registered Agent's Signature, if changing Ro	oistered Agent		
I hereby accept the appointment as registered agent.		ept the obligations of the posi	tion.
	Signature of New Reg	gistered 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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add	S	John Preslay	17701 April BLYD #140 Alachua Fl 32615
Remove 2) Change Add	T	Alessia L. Bruzon	17701 April BIRD #149 Alachus FL 32619
Remove 3) Remove			26 D
4) Change Add			5
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
	<u>-</u> . <u>-</u>		
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The date of each amendment(s) adoption: date this document was signed.					, if oth	er than the
Effective date if applicable:						
(no more the	an 90 days afte	er amendmen	t file date)			
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's	he applicable : s records.	statutory filin	g requirements, t	his date will not	be listed	i as the

(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.

Adoption of Amendment(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 09/26/2025
Signature
(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)
Johnny F. Pana
(Typed or printed name of person signing)
President_
(Title of person signing)

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