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' COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Davis, Giardino &	Hrivnak, P.A.		
DOCUMENT NUM	D00000075316			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Wayne T. Hrivnak			
		Name of Contact Person	1	
	Davis, Giardino & Hrivnak, I	P.A.		
		Firm/ Company		
	2161 Palm Beach Lakes Blvd	I, Suite 317		
		Address		
	West Palm Beach, FL 33409			
		City/ State and Zip Cod	e	
	Wayne @DGHO-law.com			
		ed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call: at (635-3354	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		Address	
	mendment Section vision of Corporations	Amendment Section Division of Corporations		
	O, Box 6327		entre of Tallahassee	
	Ilahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

Davis, Giardino & Hrivnak, P.A.

(Name of Corporation as cur	rently filed with the I	Florida Dept. of State)
(Document Num	ber of Corporation (if l	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	on:	
Hrivnak & Associates, P.A.		The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered." "professional association," or the abbreviation "I	o". A professional co	corporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent		nter the name of the
(Flori	ida street address)	
New Registered Office Address:		. Florida
Hen Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fami		e obligations of the position.
Signature of N	iew Registered Agent, i	fchanging
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120	(11) (e), F.S.	

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	<u>PT</u>	John Do	e	
-				
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				<u></u>
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	······································
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tho more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date with Department of State's records.	II not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	director, president or other officer – if directors or officers have not been	<u></u>
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Wayne T. Hrivnak	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: Davis, Giardino &	Hrivnak, P.A.	
DOCUMENT NUM	D00000075216	<u> </u>	<u> </u>
The enclosed <i>Article</i>	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Wayne T. Hrivnak		
		Name of Contact Perso	n
	Davis, Giardino & Hrivnak, F	P.A.	
		Firm/ Company	
	2161 Palm Beach Lakes Blvd	l, Suite 317	
		Address	
	West Palm Beach, FL 33409		
		City/ State and Zip Cod	e
	Wayne @DGHO-law.com		
	E-mail address: (to be us	ed for future annual report	notification)
	on concerning this matter, pleas		
Heather Hrivnak		at ()
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made p	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The C 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Carnarati	ion or average filed with the Files	I- D-4 -6 C4-4-)
(Name of Corporati	ion as currently filed with the Floric	1a Dept. of State)
(Docur	ment Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	la Statutes, this <i>Florida Profit Corport</i>	ation adopts the following amendment(s)
A. If amending name, enter the new name of the c	orporation:	
Hrivnak & Associates, P.A.		The new
name must be distinguishable and contain the word "c 'Inc.," or Co.," or the designation "Corp." "Inc. 'chartered," "professional association," or the abbre	" or "Co". A professional corpora	prated" or the abbreviation "Corp"
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADI		
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2VI	
(Mutting duaress MAT DE A POST OFFICE BO	<u></u>	
		
). If amending the registered agent and/or registe	ared office address in Florida, and a	Ab
new registered agent and/or the new registered		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	gistered Agent:	in with a softhy a soft
neredy accept the appointment as registered agent.	Tam jamiliar with and accept the oot	igations of the position.
	ature of New Registered Agent, if char	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			<u> </u>
Add			
Remove 3) Change			
Add			
Remove			
4) Change	_		_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	f necessary).	cles, enter change (Be specific)	******		
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for our and a constitution					
f an amendment provide provisions for implemen	ting the amer	ange, reclassifica ndment if not con	tion, or cancellation tained in the ame	on of issued shar ndment itself:	<u>es,</u>
	licate N/A)				
(if not applicable, ina					
(if not applicable, ina					
(if not applicable, inc					
(if not applicable, inc					
(if not applicable, inc					
(if not applicable, inc					
(if not applicable, inc					
(if not applicable, inc					
(if not applicable, inc					
(if not applicable, inc					

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by''	
(voting group)	
Dated 7/16/2024 Signature are the signature of the signat	-
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Wayne T. Hrivnak	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

. . .