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Division of Corporations

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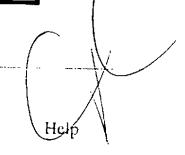
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TO: Amendment Section

Fax: 8888501303

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COVERLETTER

Division of Corporations

NAME OF CORPORATION: Tymanda, Inc.

DOCUMENT NUMBER: P01000066088

The enclosed Articles of Amendment and fee are submitted for filing.

Please renim all correspondence concerning this matter to the following.

Thomas S. Dolney, Esq.

Name of Contact Person

Dolney Law, PLLC

Firm/ Company

5165 Fenwood Ln.

Address
Orlando, F1, 328}4
City/ State and Zip Code
tyauker@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

To: 18506176380

Thomas S. Dolney at (352) 359-3506

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

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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

Fax: 8888501303

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Articles of Amendment Articles of Incorporation of

Fymanda, Inc			
(<u>Nam</u> P01000066088	e of Carporation as curre	ently filed with the Florida Dept. of State)	
	(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section of its Articles of Incorporation	97,1006, Florida Statutes, (his Florida Profit Corporation adopts the following amendment(:	
A. If amending name, enter the new N/A	name of the corporation:		
name must be distinguishable und coma "Inc." or Co." or the designation ' "chartered," "professional association		The new "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the worth 4."	
B. Enter new principal office address if applicables		N/A	
(Principal office address MUST BE A.	STREET ADDRESS)	N/A	
		N/A	
Enter new mailing address, if app (Mailing address MAY BE A POST	<u>licable:</u> OFFICE BOX)	N/A	
		N/A	
		N/A	
. If amending the registered agent at new registered agent and/or the ne	nd/ar registered office ad w registered office addre	dress in Florida, enter the name of the	
Name of New Registered Agent	Tyler Auker		
—- 	498 Palm Springs Dr., Suite 240, Allamonte Springs, Fl 32701		
		reet address)	
New Registered Office Address:	N/A	Florida N/A	
		(City) (Zip Code)	
ew Registered Agent's Signature, if cluereby accept the appointment as registed	ered agem. Tam familiar	t: with and accept the obligations of the position degistered Agent, if changing	
rock if applicable			
The amendment(s) is/are being filed pu	rsuant to $s.607.0120$ (11)	(e). F.S.	

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and (Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title

To: 18506176380

P = President, V= 1 we President, V= Treasurer, S= Secretary, D- Director, IR 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

Changes should be noted in the following manner. Crarently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones waves 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:

₹्रावस <u>ह</u> त	<u>PT</u>	John Doe	
X Remove	Σ	Mike Jones	
_X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	PTD	MATTHEW D AUKER	107 VARIETY TREE CIRCLE
Add			ALTAMONTE SPRINGS
X Remove			FLORIDA, 32714
2) Change	VPSD	AMANDA DZENGELSKI	
X Add			ALTAMONTE SPRINGS
Remove 3) Change	PTD	TYLER AUKER	FLORIDA, 327
			498 Palm Springs Dr., Suite 240
X Add			ALTAMONTE SPRINGS
Remove			FLORIDA, 32701
4) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
5) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
6) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A

Page: 6/7

From: Dolney Law, PLLC

Fax: 8888501303

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(Attach additional sheets, if necessary) A	(Re specific)
1-20-1	
······································	
an amendment provides for an eacha	mee, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
00 shares of nutstanding common stock	of the Corporation (all issued common stock) has been transferred from
the Estate of Mutthew D. Auker as follo	ows: (1) 100 shares to Tyler Auker; and (2) 100 to Amanda Dzengeleski.
	Type Auker, ann (2) 100 to Amanda Dzengeleski.

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The date of each amendment(s) adoption: August 1, 2023 date this document was signed	if other than the
Effective date if applicable:	
(no more than 90 days after amendine)	u file dater
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(5) (CHECK ONE)	
☐ The amendment(s) was were adopted by the incorporators, or board of directors without action was not required.	out shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders—The number of votes east f by the shareholders was/were sufficient for approval.	or the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	e following statement mendment(s):
"The number of votes cast for the amendment(s) was were sufficient for approva	
by	w.
(voting group)	
Dated August 1, 2023.	
Signature 45	• 3
(By a director, president orbitler officer - it directors or office selected, by an incorporator - if in the hands of a receiver, tru appointed tiduciary by that fiduciary)	ers have not been stee, or other court
Tyler Auker	
(Typed or printed name of person signing)	-
PTD	
(Title of person signing)	***************************************