## P01000116289

| (Requestor's Name)      |                   |             |
|-------------------------|-------------------|-------------|
|                         |                   |             |
| (Ad                     | dress)            |             |
|                         |                   |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
|                         | <b>,</b>          |             |
| Certified Copies        | _ Certificates    | s of Status |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



400372478024

09/01/21--01011--003 \*\*35.00

E TE ED

2021 SEP −1 PH 6: 48

SECTOR OF STAIL

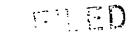
A. Butler

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO                        | PRATION: Samby Inc.   |  |   |  |  |
|--------------------------------------|---|--|---|--|--|
|                                      | IBER:   |  |   |  |  |
|                                      | s of Amendment and fee are sul  | omitted for filing.  |   |  |  |
| Please return all corr               | espondence concerning this mat  | ter to the following:  |   |  |  |
|                                      | Pamela Ramsey   |  |   |  |  |
|                                      | Name of Contact Person  |  |   |  |  |
|                                      | Samby Inc.  |  |   |  |  |
|                                      |   | Firm/ Company  |   |  |  |
|                                      | 3038 El Dorado Blyd N   |  |   |  |  |
|                                      |   | Address  | -   |  |  |
|                                      | Cape Coral, FL, 33993   |  |   |  |  |
|                                      | -   | City/ State and Zip Cod  | · ·   |  |  |
|                                      | sambyotfice(a yahoo.com   |  |   |  |  |
|                                      | E-mail address: (to be us   | ed for future annual report  | notification)   |  |  |
| For further informati<br>Dale Wilmot | on concerning this matter, pleas  | e call:<br>at (at (  | 822-6473  |  |  |
| Name                                 | of Contact Person   | Area Co  | de & Daytime Telephone Number   |  |  |
| Enclosed is a check t                | or the following amount made p  |  |   |  |  |
| S35 Filing Fee                       | ☐\$43.75 Filing Fee & Certificate of Status   | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                        |  |  |
| Ar<br>Di<br>P.O                      | ailing Address<br>nendment Section<br>vision of Corporations<br>). Box 6327<br>Hahassee, FL 32314 | Amen<br>Divisio<br>The C<br>2415                                   | Address Innent Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |  |  |

## Articles of Amendment to Articles of Incorporation of



| Samby Inc.   | 2021 SEP - 1 PM 6: 48  |  |  |
|--|--|--|--|
| (Name of Corporation a   | as currently filed with the Florida Dept. of State)  |  |  |
| P01000116289   | OF STATE   |  |  |
| (Document  | Number of Corporation (if known)   |  |  |
| Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:  | atutes, this Florida Profit Corporation adopts the following amendment(s) to   |  |  |
| A. If amending name, enter the new name of the corpo   | oration:   |  |  |
| N/A  | The new  |  |  |
| name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp, " "Inc," or "chartered," "professional association," or the abbreviat   | oration," "company," or "incorporated" or the abbreviation "Corp.,"  " "Co". A professional corporation name must contain the word tion "P.A." |  |  |
| B. Enter new principal office address, if applicable:  | N A  |  |  |
| (Principal office address <u>MUST BE A STREET ADDRE</u>  | <u> </u>   |  |  |
|  |  |  |  |
|  |  |  |  |
| C. Enter new mailing address, if applicable:   |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | N/A  |  |  |
|  |  |  |  |
|  | <del></del>  |  |  |
|  |  |  |  |
| D. If amending the registered agent and/or registered of   | office address in Florida, anter the name of the   |  |  |
| new registered agent and/or the new registered office  | ce address:  |  |  |
| None of Vincin and American N/A  |  |  |  |
| Name of New Registered Agent   |  |  |  |
|  |  |  |  |
|  | (Florida street address)   |  |  |
| New Registered Office Address:   | , Florida  |  |  |
|  | (City) (Zip Code)  |  |  |
|  |  |  |  |
|  |  |  |  |
| New Registered Agent's Signature, if changing Register<br>I hereby accept the appointment as registered agent. I am  | red Agent:   |  |  |
| The second of th | a familiar wan and accept the oraigations of the position.   |  |  |
|  |  |  |  |
|  |  |  |  |
| Signature  | e of New Registered Agent, if changing   |  |  |
|  |  |  |  |

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)

Example:

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.

| X Change                      | <u>PT</u>       | John Doe             |                          |
|-------------------------------|-----------------|----------------------|--------------------------|
| X Remove                      | $\underline{Y}$ | Mike Jones           |                          |
| <u>X</u> Add                  | <u>SV</u>       | Sally Smith          |                          |
| Type of Action<br>(Check One) | <u>Title</u>    | <u>Name</u>          | <u>Addres</u> s          |
| D X Change                    | S               | Dale Wilmot          | 2408 Andalusia Blyd      |
| Add                           |                 |                      | Unit B                   |
| Remove                        |                 |                      | Cape Coral FL 33909      |
| 2) X Change                   | Ť               | Allistair Klodzinski | 1135 NE 39TH ST          |
| Add                           |                 |                      | Cape Coral FL 33909      |
| Remove<br>3 + Change          | D               | Alister Muirhead     | 1763 Concordia Lakes Cir |
| XAdd                          |                 |                      | Unit 3309                |
| Remove                        |                 |                      | Cape Coral FL 33009      |
| 4) Change                     |                 |                      |                          |
| Add                           |                 |                      |                          |
| Remove                        |                 |                      |                          |
| 5) Change                     |                 |                      |                          |
| Add                           |                 |                      |                          |
| Remove                        |                 |                      |                          |
| 6) Change                     |                 |                      |                          |
| Add                           |                 |                      | ·                        |
| Remove                        |                 |                      |                          |

| (Attacl   | nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific) |
|-----------|--|
| IJA.      |  |
| _         |  |
|           |  |
|           |  |
| _         |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
| . If an a | mendment provides for an exchange, reclassification, or cancellation of issued shares,                     |
| provi     | sions for implementing the amendment if not contained in the amendment itself:                             |
|           | if not applicable, indicate N/A)   |
| /A        |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |

|   | 08/30/2021   |  |
|---|--|--|
| The date of each amendment(s) ad  | option:  | , if other than the  |
| date this document was signed.  |  |  |
|   | /2021  |  |
| Effective date <u>if applicable</u> :   | (no more than 90 days after  | amendment tile dater   |
|   | The more man to make the   | tina numit ni fitt dutt y                                    |
| Note: If the date inserted in this bl<br>document's effective date on the Dep |  | ory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |  |
| The amendment(s) was/were adopted action was not required.                    | oted by the incorporators, or board of dire  | ectors without shareholder action and shareholder            |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were suf          | oted by the shareholders. The number of ficient for approval.  | votes cast for the amendment(s)                              |
|   | oved by the shareholders through voting each voting group entitled to vote separa  |  |
| "The number of votes cast t   | or the amendment(s) was/were sufficient  | for approval   |
| hy  |  |  |
|   | (voting group)   | <del></del> .  |
|   |  |  |
| 08/30/2021  |  |  |
| Dated   | 7.   |  |
| Signature/  | de Wilnet.   |  |
| (By a dii<br>selected   | ector, president or other officer - if direct, by an incorporator - if in the hands of a ed itductary by that fiduciary) |  |
|   | Dale Wilmot  |  |
| -   | (Typed or printed name of per  | son signing)   |
|   | Secretary  |  |
|   |  |  |

(Title of person signing)