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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Myers + Wright -E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>B/3</u>) <u>70 2 88 38</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

to Articles of Incorporation

EH ED

	of		L 11 ⁻	the C2
<u> </u>	tygras ?	Inc.	2021 MAR - 1	A!f 10: 22
(Name of Cor	poration as currently f	iled with the Flo		
	P0200	0070	350	
()	Document Number of C			<u> </u>
ursuant to the provisions of section 607,1006. Is Articles of Incorporation:	Florida Statutes, this Flo	rida Profit Corp	poration adopts the following	ng amendment(s
If amending name, enter the new name of	the corporation:			
ome must be distinguishable and contain the wa	decaping	7 65,5120	in lists To	
ame must be distinguishable and contain the wo	rd "governmention " "	y) Lary [1,32, 5,1]	MCH 213 UN	The new
Inc.," or Co.," or the designation "Corp," chartered," "professional association," or the	"Inc." or "Co". A n	rofessional corp	rporated or the abbreviat oration name must conto	ion "Corp.," iin the word
Enter new principal office address, if appl		\sim	I/A	
Principal office address MUST BE A STREET	<u>radie.</u> <u>raddress</u>)		- / / 1	
	,			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	E BOX)	N	/A	
,			/:	
	-			
. If amending the registered agent and/or re	gistered office address	in Florida, ento	er the name of the	
new registered agent and/or the new regist	ered office address:	,		
Name of New Registered Agent	NIA			
	1 /			_
	(Florida street a	nddrøse)		_
	11 10/144 31/2212	,		
New Registered Office Address:	(Cit		, Florida	Code)

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT John	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	Jones	NIF	+
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	•	
Type of Action (Check One)	Title	<u>Nanie</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change		g-14541464		
Add				
Remove				
4) Change			·	
Add				
Remove				
5) Change	-71			
Add				
Remove				
6) Change				
Add				
Remove				

	sheets, if necessary). (Be				
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f an amendment	t provides for an exchange	e, reclassification, or	cancellation of issue	d shares,	
provisions for in (if not applied	mplementing the amendme cable, indicate N/A)	ent if not contained	in the amendment its	<u>elf:</u>	
	NIA		7		
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-,				· · · · · · · · · · · · · · · · · · ·	
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The date of each amendment(s) adoption:date this document was signed.	F.C. 6.	1/,2	021	, if other than the
Effective date if applicable:	Feb	1/ 2.	221	
	(no more than	90 days after amei	idment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of	ot meet the appl State's records.	icable statutory fil	ing requirements, this	date will not be listed as the
Adoption of Amendment(s) (CI	IECK ONE)			
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or	board of directors	without shareholder ac	ction and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. Thapproval.	he number of votes	cast for the amendmen	at(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders th group entitled to	rough voting group vote separately o	os. The following state in the amendment(s):	ment
"The number of votes cast for the ame	ndment(s) was/w	ere sufficient for a	pproval	
by Styaras Inc	~ one =	harehold	6 r	
(vot	ing group)	710,476 4761	<u></u> .	
DatedFe.b.	11,20	21		
Signature				
(By a director prest	dent or other offi	icer – if directors o	r officers have not beer	n
appointed fiduciary	portion - it in the by that fiduciary	ne nands of a recei /)	ver, trustee, or other co	ur1
J	erry (1 amphe		
(Typed of printed	name of person si	gning)	
	Presid	dent		
(Title of person si	gning)		