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SECRETARY OF STATE

2/24/21

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: THE	CLANGROUP INC.			
DOCUMENT NUMBER: PO	CLANGROUP, INC.			
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
Harriet	Cladakis			
Harriet Cladakis Name of Contact Person				
	Firm/ Company			
215 W	Lemon St. Address			
Tarpon	Springs FL 34689  City/ State and Zip Code			
For further information concerning this matter, ple				
Harriet Cladakis	at ( 727 ) 938-3022  Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:			
\$35 Filing Fee				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

THE CLAD	POUP INC. 2021 JAN 15 PM 1:12	
(Name of Corporati	n as currently filed with the Florida Dept. of State)	
P030	n as currently filed with the Florida Dept of State)  DO049231  TALLAHASSEE FI	
(Docur	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment	ent(s) to
A. If amending name, enter the new name of the c	poration:	
nla	The new	٧,
	poration," "company," or "incorporated" or the abbreviation "Corp., or "Co". A professional corporation name must contain the word iation "P.A."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	o na	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		
Name of New Registered Agent		
Name of tven Registered Agera		
	(Florida street address)	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	stered Agent: am familiar with and accept the obligations of the position.	
Sign	ure 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Manny Cladakis	215 W. Lemon St
Add			Tarpon Springs Fr
<u>X</u> Remove			34689
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	nla
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	<u> </u>
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
of not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
of not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

.  The date of each amendment(s) adoption date this document was signed.	12	1/20	<del> </del>	, if other than the
Effective date <u>if applicable</u> :	(no more than !	20 90 days after amena	lment file date)	
Note: If the date inserted in this block document's effective date on the Departme		icable statutory filir	ng requirements, this d	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by action was not required.	y the incorporators, or	board of directors	without shareholder act	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien		ne number of votes	cast for the amendment	t(s)
The amendment(s) was/were approved must be separately provided for each v				nent
"The number of votes cast for the	amendment(s) was/w	ere sufficient for ap	proval	
by			<b></b>	
·	(voting group)			
(By a director, selected, by a	president or other off	he hands of a receiv	officers have not been er, trustee, or other cou	
	Harriet Cl (Typed or printed	La dakis I name of person sig	gning)	
	Secreta (Title of person s	-VUign <del>ing</del> )		