POSCE III.

(Requestor's Name)			
(Address)			
(Addres	s)		
(City/St	ate/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Busine	ss Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer			





900435409229

08/27/24--01928--097 **85.90

ELAGASSE FLAGGE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Emerika, Inc	··	
	BER: P03000110416		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Scott Stenzel		
		Name of Contact Person	<u> </u>
	Emerika Inc dha Digi Craft		
		Firm/ Company	
	12927 Cynthia Lane		
		Address	
	Clermont, FL 34711		
		City/ State and Zip Code	
	scott@digicraft.co		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Scott Stenzel		at (321	663-6979
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address rment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Emerika, Inc		
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P03000110416		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the f	following amendme
A. If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporation," "("Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must	breviation "Corp.,"
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 AU SECRI
		16 27
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent		<u> </u>
(Florida str	reet address)	
New Registered Office Address:	, Florida	
	(City)	(Lip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar to	(City)	
Signature of New R	egistered Agent, if changing	<u> </u>
Signature of New K	egwerea Agent, ij 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)

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	PT	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smi	i <u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u>]</u>	<u>Name</u>	Address
1) Change	VP		Michael Stenzel	12927 Cynthia Lane
Add				Clermont, FL. 34711
X Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		 -		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			- · - · · - · · · · · · · · · · · · · ·	
Remove				

If amending or adding additional A (Attach additional sheets, if necessary,). (Be specific)
	
If an amendment provides for an ex	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nenoment if not contained in the amendment user.
	impany as of January 1st, 2024 and all shares will be redistributed to Scott Stenzel
	
	

•

	1/1/2024	
The date of each amendment(s) :	doption:	, if other than the
date this document was signed.		
	/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after an	1 (0 1)
	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this document's effective date on the E		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	opted by the incorporators, or board of direct	ors without shareholder action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of voufficient for approval.	otes cast for the amendment(s)
	proved by the shareholders through voting green each voting group entitled to vote separately	
"The number of votes cas	for the amendment(s) was/were sufficient fo	or approval
by		"
-	(voling group)	
8/21/2024		
Dated		
	≤ 2	
Signature	3	
	lirector, president or other officer - if director	
	d, by an incorporator $-if$ in the hands of a re	ceiver, trustee, or other court
appoi	ted fiduciary by that fiduciary)	
	Scott Stenzel	
	(Typed or printed name of person	n signing)
	PD	
	(Title of person signing)	