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TO: Amendment Section

Division of Corporations DOCUMENT NUMBER: P04000122516 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bart H. Chepenik Name of Contact Person Chepenik Trushin LLP Firm/ Company 12550 Biscayne Blvd., Suite 805 Address North Miami, FL 33181 City/ State and Zip Code bchepenik@ctllp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 981-8889
Area Code & Daytime Telephone Number Bart H. Chepenik Name of Contact Person 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 Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

to

ABL, INC.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
94000122516	
(Document Number	r of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, thi Articles of Incorporation:	is Florida Profit Corporation adopts the following amendme
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporation," nc.," or Co.," or the designation "Corp," "Inc," or "Co", hartered." "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
	5:
<u>Enter new principal office address, if applicable:</u> rincipal office address <u>MUST BE A STREET ADDRESS</u>)	
	1
Enter new mailing address, if applicable:	<u>-</u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	——————————————————————————————————————
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
(Florida s	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
w Registered Agent's Signature, if changing Registered Agen ereby accept the appointment as registered agent.—I am familian	ent: or with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

☐ 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>	<u>John Doe</u>	
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	S	Alvaro Suarez	12550 Biscayne Blvd., Suite 805
Add			North Miami, FL 33181
Remove 2) Change	VP	Flavia M. Ortelli	12550 Biscayne Blvd., Suite 805
X Add			North Miami, FL 33181
Remove 3) Change			
Add			
Remove 4) Change			
Add			
Remove 5/ Change			
Add			
Remove			-
6) Change Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	<u> </u>
	<u> </u>
11-	
	
-	
	n de di anti-
oracicione for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	indirection to Committee in the Internation Section
,	
	<u> </u>

The date of each amendment(s) adoption: 23, 2024 if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
Signature (By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Bart H. Chepenik
(Typed or printed name of person signing)
VP
(Title of person signing)