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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: BERKEN-YARB	S ENTERPRISES, INCOR	PORATED	
DOCUMENT NUM	1BER: P05000000625			
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.		
	espondence concerning this ma	_		
	ANA L FERREIRA	Ç		
		Name of Contact Perso	n	
	ANAS ACCOUNTING SER	VICES CORPORATION		
		Firm/ Company		
	100 WALLACE AVE STE	245		
Address SARASOTA, FL 34237				
		City/ State and Zip Cod	e	
	ANA@ANASACCOUNTIN	GSERVICES.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:		
ANA L FERREIRA		941 at (726-4475	
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:	
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		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

BERKEN-YARBS ENTERPRISES INCORPORATED

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	P05000000625	Corporation as currently fil	ed with the Florida De	ept. of State)	-
A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp. "Inc.," or "Co.," a professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)		(Document Number of Co	poration (if known)		
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp. "Inc.," or "Co.," or the designation "Corp," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)	Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Flor</i>	ida Profit Corporation	adopts the following a	mendment(s) t
"Inc.," or "Co.," or the designation "Corp," "Inc.," or "Co.," or "the designation "Corp," "Inc.," or "Co.," or the designation "Corp," "Inc." or "Co.," or the designation association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)	A. If amending name, enter the new nam	e of the corporation:			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)	Then, or co., or the designation Corp	$0.$ Inc or $(\alpha)^{\circ}$ Anno	any," or "incorporated fessional corporation		ie new 'Corp.,'' ne word
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)	B. Enter new principal office address, if a (Principal office address MUST BE A STR.)	<u>pplicable:</u> EET ADDRESS)			-
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)		_			
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent.	C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)	ole: FICE BOX)			
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent.	D. If amending the registered agent and/o	r registered office address i	n Florida, enter the na	ime of the	
(Florida street address) New Registered Office Address:		gistered office address:			·_
New Registered Office Address:, Florida	Name of New Registered Agent				f ?
New Registered Office Address:, Florida		/PI - 1			
(City) (Zip Code)	Van B. S. Logo	(r tortaa street ad	iress)		٠ ،
Sew Registered Agent's Signature, if changing Pagistored Agent.	New Registered Office Address:	(City)			· - ·
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(- 5)		(zip Coae,	,
	lew Registered Agent's Signature, if change the hereby accept the appointment as registered	<u>ling Registered Agent:</u> agent. I am familiar with a	nd accept the obligation	ns of the position.	
Signature of New Registered Agent, if changing Check if applicable		Signature of New Registe	red Agent, if changing		

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	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DEYSE BERKENBUSCH	5228 47TH ST
X Add			BRADENTON, FL 34203
Remove			
2) X Change	P	ERNESTO L BERKENBUSCH	5228 47TH ST
Add			BRADENTON, FL 34203
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional A Attach additional sheets, if necessary)	. (Be specifi	c)	<u>c</u> .			
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an amendment provides for an exc	hange, reclas	sification, or	cancellation	of issued shar	es,	
provisions for implementing the am (if not applicable, indicate N/A)	<u>endment if no</u>	t contained i	in the amendr	nent itself:		
(i) not applicable, malcule (V/A)						
						
			-			
		· · · · · · · · · · · · · · · · · · ·				
				<u> </u>		

04/30/2024
The date of each amendment(s) adoption:, if other than t
date this document was signed.
04/30/2024
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 t 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)
O4/30/2024 Dated 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)
ERNESTO L BERKENBUSCH
(Typed or printed name of person signing)
MGRM
(Title of person signing)