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SECREDIAY OF STATE

Ja121/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUERO ORAL IN	C		
DOCUMENT NUM	P06000024982	<u> </u>	·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Marcos Perez			
		Name of Contact Persor	1	
	SUERO ORAL INC.			
		Firm/ Company		
	11421 NW 107 STREET, UP	NIT 24		
		Address		
	Miami, FL 33178			
		City/ State and Zip Code		
	mperez@menperdistributors.	com		
		sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call: at (at	601-4019	
	of Contact Person	at (Area Co	de & Davtime Telephone Number	
	or the following amount made			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
	nsion of Corporations). Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2022 FER 11 AM Q- 1

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 N/A (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	SUERO ORAL INC.	2022 FEB 11 AM 9: 17
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendus Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The manner 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: N/A (Florida street address) N/A (Florida street address) N/A (Florida street address) N/A (Florida street address) New Registered Office Address: N/A (Florida street address) New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(Name of Corporation as	currently filed with the Florida Dept. of State)
Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amends Articles of Incorporation: A. If amending name, enter the new name of the corporation: NA 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: N/A (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	P06000024982	TĂLLAHASSEE, FL
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hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		
	New Registered Agent's Signature, if changing Register	red Agent:
	hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing	Signature	of New Registered Agent, if changing
Check if applicable	Charle 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)

Add

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: PT X Change John Doe X Remove $\underline{\mathbf{V}}$ Mike Jones <u>SV</u> Sally Smith <u>X</u> Add Address Type of Action <u>Title</u> Name (Check One) Albert J. Perez 3795 W 18 AVENUE DTS 1) ____ Change Hialeah, FL 33012 ____ Add Remove 2) ____ Change ____ Add Remove 3.) Change ___ Add ____ Remove 4) ____ Change ___ Add ___ Remove 5) ____ Change ____ Add Remove 6) ____ Change

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If amending or adding	z additional Articles,	enter change(s) he	<u>re</u> :		
Attach additional sheet	ts, if necessary). (Be	· specific)			
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If an amendment pro-	vides for an exchange	e, reclassification, o	or cancellation of is	sued shares,	
provisions for imple	menting the amendm , indicate N/A)	ent if not contained	d in the amendmen	t itself:	
x Shares of Stock purch			C		
x shares or stock puren	ased and redeemed by	- 50LKO OKAL IN			
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<u>.</u>					
					

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The date of each amendment(s	01/25/2022	, if other than the
date this document was signed.) adoption.	, if the man the
	11/26/2022	
Effective date if applicable:	(no more than 9t) days after an	nendment file date)
Note: If the date inserted in the document's effective date on the		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.	adopted by the incorporators, or board of director	ors without shareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of vo	tes east for the amendment(s)
	approved by the shareholders through voting grof for each voting group entitled to vote separately	
"The number of votes	ast for the amendment(s) was/were sufficient fo	r approval
by		
· · ·	(voting group)	
02/10/2	022	
Dated		
Signature	AL S	
(By sele	a director, president or other officer – if director ceted, by an incorporator – if in the hands of a reconted fiduciary by that fiduciary)	
	Marcos Perez	
	(Typed or printed name of persor	n signing)

DTS