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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Aidant Professiona	I Services, Inc.				
DOCUMENT NUM	BER: P06000025643					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	Marcos Regalado					
	Name of Contact Person					
	Aidant Professional Services					
	Firm/ Company					
	11620 SW 98 Avenue					
		Address	-			
	Miami, Fl 33176					
	<u> </u>	City/ State and Zip Code				
	regaladom108@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
		.,				
For further information	on concerning this matter, pleas	se call:				
Marcos Regalado		at (<u>305</u>	502-5234			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 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

Aidant Professional Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P06000025643 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Aidant, Inc. 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: 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. Signature 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	PT	John Do	<u>e</u>	
X Remove	<u>Y</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4)Change		_		
Add				
Remove				
5) Change		_		
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б) Change		_		
Add				
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tach additional sheets, if necessary). (Be specific)	
	
	
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an amount annuited for an archaeon medicalities or appeallation of insued charge	
an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
(4)	

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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requires partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sho	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the flicient for approval.	e amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend	owing statement Iment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	8/2024 Mayland	
	rector, president or other officer – if directors or officers h l. by an incorporator – if in the hands of a receiver, trustee,	
	ed fiduciary by that fiduciary)	
	Mancos Regulado	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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