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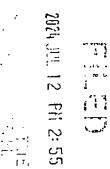
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Name OF CORPORATION:				
DOCUMENT NUMBER: POLOO	116223			
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Nga.L	Name of Contact Person			
Nout Pa	prodise Too Inc.			
1403	Federal Huy			
Pomponu	Prach H 33062 City/ State and Zip Code			
. .	Elucina @ asl. com, sed for future amual report notification)			
For further information concerning this matter, pleas	se call:			
Mga. Luong.	at 1 954) W875 70 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section Division of Corporations	Amendment Section			
P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, F1, 32303

Articles of Amendment to Articles of Incorporation of

Wayle Dara	disoit	on lines	and the first
(Name of Corpo	ration as current	ly filed with the Flor	
Po Go	000 N/6	223	2021 July 12 PH 2: 55
(De	ocument Number o	of Corporation (if kno	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes; this	 Florida Profit Corpo	pration adopts the following amendment(s)
A. If amending name, enter the new name of the	he corporation:		
	VA.		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the a	Inc," or "Co".	A professional corpo	norated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)		~ (6	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reg	<u> eistered office add</u>		r the name of the
new registered agent and/or the new registe	red office address	<u>s:</u>	
Name of New Registered Agent	n A		
	tFlorida sti	reet address)	
New Registered Office Address:			Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent ont. I am familiar	t: with and accept the o	bligations of the position.
	Signature of New F	Registered Agent, if ch	าสกรุเกร
Check if applicable ☐ The amendment(s) is/are being filed pursuant t	·	•	о о

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>up.</u>	Ned Dinh	1403 S. Federal Huy Pompono heach, FL 33062
\nearrow Add			Pompono heach, FL
Remove			31062
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamoua			

(Attach <i>aa</i>	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)	
	J A	
lf an ame	ment provides for an exchange, reclassification, or cancellation of issued shares,	
provisio (if n	for implementing the amendment if not contained in the amendment itself: ipplicable, indicate N/A)	
(9	N/A	
·	N A	
	1	

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The date of each amendmendate this document was signe		, if other than
Effective date if applicable:	<u> </u>	
	(no more than 90 days after amendn	iem file date)
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing the Department of State's records.	requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/waaction was not required.	ere adopted by the incorporators, or board of directors with	thout shareholder action and shareholder
	are adopted by the shareholders. The number of votes cautere sufficient for approval.	st for the amendment(s)
	ere approved by the shareholders through voting groups, ed for each voting group entitled to vote separately on the	
"The number of vote	s cast for the amendment(s) was/were sufficient for appr	roval
by		
	(voting group)	
Dated	1505 B. F.	
Signature_	M.	
(By a director, president or other officer – if directors or o	fficers have not been
	elected, by an incorporator if in the hands of a received ppointed fiduciary by that fiduciary)	r, trustee, or other court
	(Typed or printed name of person sign	
	_	ing)
	Pres-	
	(Title of person signing)	. —

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