## P07000063357

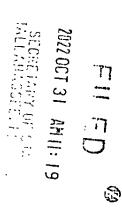
(Re	questor's Name)	
— (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	=	
	J. HORN JAN 3 P	E 1 2023

Office Use Only



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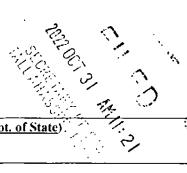
## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	FOR LESS, INC.
	7000053357
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this i	matter to the following:
	Konstantin Shapovalov
	Name of Contact Person
	MOVE FOR LESS, INC.
	Firm/ Company
	5500 NW 161 street
	Address
	MIAMI GARDENSE, FL 33014
	City/ State and Zip Code
	Cshapovalov@moveforless.biz
E-mail address; (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
Konstantin Shapovalov	305 915-3881
	at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
□ \$35 Filing Fee & Certificate of Status	
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 MOVE FOR LESS, INC.



## (Name of Corporation as currently filed with the Florida Dept. of State) P07000053357

(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

The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "company," or "incorporated" or the abbreviation "company," or "incorporated" or the abbreviation "Corp." "Inc.," or "Co". A professional corporation name must contain the "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
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
(Mailing address MAY BE A POST OFFICE BOX)  1. 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
Name of New Registered Agent  Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional sheets,	if necessary).	(Be specific)				
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f <u>an a</u> r	mendment provid sions for impleme	ies for an exch	ange, reclassi	fication, or can	<u>cellation of issu</u>	ed shares,	
<u>provis</u> G	sions for impleme f not applicable, in	nting the amer	idment if not	contained in th	e amendment it	<u>tself:</u>	
(9	nor apprecion, in						
<del></del> -		<del> </del>					
			·· <u>·</u> ·				
					-		

The date of each amendn date this document was sig	
 Effective date <u>if applicab</u>	le:
	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendment	(s) ( <u>CHECK ONE</u> )
■ The amendment(s) was action was not required	were adopted by the incorporators, or board of directors without shareholder action and shareholder
	/were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of v	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated	10/25/2022
Signatur	e - fall
	(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)
	Konstantin Shapovalov
	(Typed or printed name of person signing)
	Director
	(Title of person signing)