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## COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: ETTRICK ENTER	PRISES INC					
DOCUMENT NUMI	P07000073395						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	KEMBLE ETTRICK						
		Name of Contact Person	1				
	ETTRICK ENTERPRISES I	NC					
		Firm/ Company					
	2625 SW 99 WAY						
		Address					
	MIRAMAR FL 33025						
		City/ State and Zip Code	e	•	23		
	KEMBLE@MRCSEPTIC.COM					a,	ē. j
	E-mail address; (to be us	ed for future annual report	notification)	7.1   AH.K	150 P-3		
For further information	on concerning this matter, pleas	se calt:		Y OF S	6 AM 6: 1		
KEMBLE ETTRICK		786 at t	586-7473	July 1	 e:	التساحة	
Name	of Contact Person	Area Co	) de & Daytime Telephone	Number	9		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:				
S35 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)				
Am	iling Address tendment Section resion of Corporations	Amend	Address Iment Section on of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

( <u>Name of 0</u>	Corporation as currently				
ETTRICK ENTERPRISES, INC.	PO700	00 7338	5		
	(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>FI</i>	orida Profit Corporatio	m adopts the follow	ing ame	ndment(s
A. If amending name, enter the new nam	e of the corporation:				
EADARAIG HOLDINGS, INC.				$TL_{tr}$	กลพ
name must be distinguishable and contain th "Inc.," or Co.," or the designation "Cor "chartered." "professional association." of	p," "Inc," or "Co". A			tion "Ce	пр., ''
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A STR</u>					<del></del>
			=======================================	7.4 3	<del></del>
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	ble:		; ! r	1, ° 2, ° 1, ° 6, 1, ° 6,	<b>S</b> 7
muning datiess pixer be 24 1 051 01	TICL BOX			<del>- ≥5</del> -	
		·	<del></del>	Ċĭ	
			SE C	E	1 4 1
O. If amonding the projectored equat and	ur registered affice addra	ce in Florida, antor the	N의 문제라	ق	
<ol> <li>If amending the registered agent and/ new registered agent and/or the new i</li> </ol>		ss in Florida, enter the	manie or the A	9	
Name of New Registered Agent					
				<del></del>	
_	(Florida stree	t address)			
Name Description of Offices Addressor			, Florida		
<u>New Registered Office Address:</u>		lity)		) Code)	
		, /	(***)	, ( ),(( )	
New Registered Agent's Signature, if cha I hereby accept the appointment as register		th and accept the obliga	itions of the position	١.	
	,	, ,	, , , , , , , , , , , , , , , , , , , ,		

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 _L</u>	ohn Doe		
X Remove	<u>V</u> <u>N</u>	fike Jones		
X Add	<u>SV</u> <u>S</u> :	ally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
Fi Change				
Add			~	
Remove				
2) Change				•
Add			5.2 65	•
Remove 3 ) Change			SEE SEE	ì
Add			LE 19	
Remove			- ·	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			·	
6) Change				
Add			A	
Remove				

	(Be specific)				
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f an amendment provides for an excl	ange, reclassification, or c	ancellation of issued sha	res.	•	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or c ndment if not contained in	ancellation of issued sha the amendment itself:	res,		
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The date of each amendment(s) adoption: \_\_\_\_\_\_\_\_, if other than the date this document was signed. Effective date if applicable: tho 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 the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) [I] 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 east for the amendment(s) was/were sufficient for approval (voting group) 3/13/24 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 could appointed fiduciary by that fiduciary) KEMBLE ETTRICK (Typed or printed name of person signing) AGENT

(Title of person signing)