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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Believe & Be Inc					
OCUMENT NUMBER: P 07000 126626					
he enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Awy Donce Inc Firm/ Company					
HWY DIDNALINC Firm/ Company					
Address Orlando, FL 32808 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
or further information concerning this matter, please call:					
Awy Bevly at (407) 232-1315 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

				of
Believe	与	Be	Inc	

(Name of Corporation as currently file	d with the Florida Dept. of State)	
P 070001	26626	
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
Awy Dionne In	C	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	"Inc," or "Co". A professional corporation	ed" or the abbreviation n name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	PESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
		22
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		SECRETARY ALLAHASSI
Name of New Registered Agent		
	(Florida street address)	PH -: STAI
New Registered Office Address:	, Florida, (City)	(Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.		f the position.
Signature of New	Registered Agent, if changing	

The date of each amendment(s) adoption: UPKI 1, 2013
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ 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 cast for the amendment(s) was/were sufficient for approval
by" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 4-12-2023
Dated 4-12-2023 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 court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
Directive
(Title of person signing)