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SECKELVEY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M. lano Forestigation Services, Fac.		
DOCUMENT NUMBER: POBO00053739		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
John Milano		
Name of Contact Person		
Milano Investigation Services, Inc. Firm/ Company		
39 SE Ocean Bakevard Address		
Address		
うていったで、テレー34994 City/ State and Zip Code		
City/ State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
John Milano 1172) 370-7179		
Name of Contact Person Area Code & Daytime Telephone Number	. S	202
Enclosed is a check for the following amount made payable to the Florida Department of State:	CHET	3 APR
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	SECHETARE OF STA	2023 AFR 24 PH 3: 31

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

Milano Investigation Services	Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of State)		
708000053739			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Frits Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
N/A	The new		
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRESS)	N\ a		
	1.1.		
	NIR		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	NIA S		
	NIA SES		
	NIA FAR		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the		
	E of the		
Name of New Registered Agent	——————————————————————————————————————		
	at address!		
1) A	NIN		
New Registered Office Address: N H	City) Florida (Zip Code)		
·	()		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.		
Signature of New Re	gistered Agent, if changing		
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Nikki Milano	4456 SE Tribout
Add			STUART, FL 34997
X Remove			
2) Change			
Add			JAN TAN
Remove Change			2023 APR 2+ SECREVARY TALLA AS
Add			——————————————————————————————————————
Remove			3: 38 STATI
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NA	
	_
	_
	
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	41年 1987 1987
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	3/8 9/8 1
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	H G
	FINT S
NA	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) 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 cast for the amendment(s) was/were sufficient for approval by (voting group) Dated Tozozz Signature (Voting group) Dated Tozozz (Typed or printed name of person signing) Tozozz (Typed or printed name of person signing) Tozozz (Title of person signing)	The date of each amendment(s)	adoption:3/25/2022	, if other than
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be histed document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) 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 cast for the amendment(s) was/were sufficient for approval by	date this document was signed.	, ,	
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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			dment(s)
Dated 98 2022 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 count appointed fiduciary by that fiduciary) The Approximate of person signing (Typed or printed name of person signing) Resident (Title of person signing)	must be separately provided fo	or each voting group entitled to vote separately on the amendment(s	statement s):
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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) (Title of person signing) (Title of person signing)		(valle group)	
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(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 count appointed fiduciary by that fiduciary) The Mand State	Dated	9101000	
(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 count appointed fiduciary by that fiduciary) The Mand State	Signatura		
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Title of person signing) (Title of person signing)		John Milano	
Title of person signing) (Title of person signing)		(Typed or printed name of person signing)	TAL TAL
(Title of person signing)		President	PR:
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