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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Stoneware Market	ing Corp		
	1BER: P10000052914			
	es of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this matter to the following:				
	SYLVIA ZAKZUK			
	Name of Contact Person			
STONEWARE MARKETING CORP.				
	Firm/ Company			
20900 NE 30TH AVE Suite 416				
Address				
Miami , FL 33180			.o ≥	
	City/ State and Zip Code			40 E
	szakzuk@sylcagroup.com			SECRETAN TALLAHI
	E-mail address: (to be u	sed for future annual repor	t notification)	FE T
For further informat	ion concerning this matter, plea	se call:		ECREIANY OF STATE TALLAHALISEE, FL
Sylvia Zakzuk		at (	937-7778	FILE
Name of Contact Person		Area Co	ode & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment of State:	
■ \$35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

STONEWARE MARKETING CORP.

STONE WARE STARRETTING CORT.			
( <u>Name</u> )	of Corporation as curren	tly filed with the Florida Dept. of State)	
P10000052914			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	,1006, Florida Statutes, this	s Florida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new n N/A	ame of the corporation:		TI
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbrevia A professional corporation name must cont "	
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	711
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)  D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent	OFFICE BOX)  nd/or registered office add		SECTELLA OF STATE SECTELLA OF STATE FAULTAI OF SEE, FL
		(reet address)	<del></del>
New Registered Office Address:	Miami	, Florida 33169	
		(City) (Zi	p Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist  Check if applicable	tered agent 1 am familiar	nt: with and accept the obligations of the position Registered Agent, if changing	r. 

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)

Remove

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>	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			202
Add			SECENTAL
Remove			AHARS
4) Change			
Add			
Remove			TATE C
5) Change		<del>-</del>	
Add			
Remove			
6) Change			
Add			

	April 13, 2023	
The date of each amendment(s) adopti	on:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date wnent of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) ent for approval.	
· ·	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	, ·	
	(voting group)	
selected, by appointed fic	r, president or other officer – if directors or officers have not been an inderporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)  Maizo	2023 MAY 15 PH 1: 3 SECRETALY OF STA
	(Typed or printed name of person signing)	32 - 32
Direc	etor	

(Title of person signing)