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<u>.</u> ;

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:/	ABMICROWAVE OVEN SERVICE IN
DOCUMENT NUMBER:	1000000891
The enclosed Articles of Amendmen	t and fee are submitted for filing.
Please return all correspondence cor	cerning this matter to the following:
,	Sharow Rudoj Name of Contact Person
	Name of Contact Person
_48	MICROMANE OWN SPRNICE INC.
	Firm/ Company
<u> 421</u>	Firm/Company 1 NORTH ORANGE Blassom TRAIL - Ste As Address
6.	OR LANDI: F1 32804 City/ State and Zip Code
	City/ State and Zip Code
— AB ; E-mail a	1) i CBO WADE SIC. (b) JANOU - COM Idress: (to be used for future annual report notification)
For further information concerning t	nis matter, please call:
Sharw Ru Name of Contact Per	at (907) 617-1939 Area Code & Daytime Telephone Number
	amount made payable to the Florida Department of State:
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
	- ····-·······························

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

AB MICROWAVE OVER SERVICE	! I'V
(Name of Corporation as currently f	filed with the Florida Dept. of State)
P1100000089	7/
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
121.4	The new
name must be distinguishable and contain the word "corporation," "cor" "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A publication "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1467 Southwird Dr. (1955CIDERRY FI 32007
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1467 Southwind Dic CASSEL DERRY FI 32700
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent 1	
	2021
(Florida street	address)
New Registered Office Address: 1) A	ity) , Florida (Zip Coāe)
΄ (Ε.	(Zip Coste)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
On Fill Signature of New Regi	istered Agent, if changing

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)

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 Doc 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> Jo	ulm Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	\sqrt{p}	Denvis Rudoi	1467 Southwood Dr
X_ Add		·	CASSELDERRY FT 32707
Remove			
2) Change			2021 IAY
Add			1
Remove Change			
Add			7: 02
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
$\mathcal{N}_{\mathcal{A}}$	
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	Air
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	7:
a 21 A	02
10/1/3	

The date of each amendment(s) adoption: 10 A date this document was signed.	, if other than the
Effective date if applicable: (no 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 redocument's effective date on the Department of State's records.	oot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shaction was not required.	nareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	11- XVII 1805
by" (voting group)	A .
Signature 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) Shares Budoi (Typed or printed name of person signing)	7: 02
(Title of person signing)	