## P1400038842

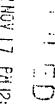
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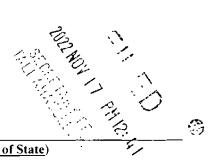
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	Soring, Inc.  PRATION:			
DOCUMENT NUM	P14000038842			
		1 1. 1.6 611.	· · · · · · · · · · · · · · · · · · ·	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Maura McCarthy Bulman			
	Name of Contact Person Maura McCarthy Bulman, PLLC			
	Firm/ Company 1779 N. University Drive, Suite 202			
	Address Hollywood, Florida 33024			
		City/ State and Zip Code	2	
	mbulman@mmbpa.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Maura McCarthy Bulman		954 at (	510-2822	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Soring, Inc.

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P14000038842		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this Fits Articles of Incorporation:	Torida Profit Corporation adopts the following	amendment(s) t
A. If amending name, enter the new name of the corporation:		
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."	ompany," or "incorporated" or the abbreviation	The new "Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
	City) (Zip Co	de)
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	מייים איינים	

☐ 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 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	<u>Title</u>	Name	<u>Addres</u> s
(Check One)	PD	ANNA SÖRING-NEUMANN	320 S. Flamingo Road Suite 225
I) Change X Add			Pembroke Pines, FL 33027
Remove X	TD	HANS-ULRICH LOHFELD	320 S. Flamingo Road Suite 225
2) Change Add			Pembroke Pines, FL 33027
Remove	S	ROBERT ZELKO	320 S. Flamingo Road Suite 225
3 ) Change X Add	-		Pembroke Pines, FL 33027
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			<del> </del>
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	_

	October 17, 2022	
The date of each amendment(s) a date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after	· amendment file date)
<b>Note:</b> If the date inserted in this be document's effective date on the De		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of dir	rectors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of fficient for approval.	votes cast for the amendment(s)
	roved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes cast	for the amendment(s) was/were sufficien	t for approval
by		,··
	(voting group)	
October 17	. 2022	
Dated		
Signature	Ulrich Lonfeld	<u> </u>
selecte	rector, president or other officer – if dire I, by an incorporator – if in the hands of a ed fiduciary by that fiduciary) HANS-ULRICH LOHFELD	ctors or officers have not been a receiver, trustee, or other court
	(Typed or printed name of pe	rson signing)

(Title of person signing)