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| (Re                                     | questor's Name)       |           |  |
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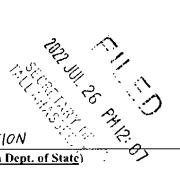
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: BEG FOR MORE CORPORATION  |      |  |  |  |
|--|------|--|--|--|
| OCUMENT NUMBER:  |      |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |      |  |  |  |
| Please return all correspondence concerning this matter to the following:  |      |  |  |  |
| NATTA CHON TANGPANCHA SIL Name of Contact Person   |      |  |  |  |
| Name of Contact Person   |      |  |  |  |
| BEG FOR MORE CORPORATION  Firm/ Company  |      |  |  |  |
| Firm/ Company  |      |  |  |  |
| 2831 E OAKLAND PALK BLVD, SUITE # 1-5 Address  |      |  |  |  |
|  |      |  |  |  |
| FORT LAUDER DALE FL 33306-18-03 City/ State and Zip Code   |      |  |  |  |
| City/ State and Zip Code   |      |  |  |  |
| NATTACHON NT @ GMAIL . COM  E-mail address: (to be used for future annual report notification)   |      |  |  |  |
| E-mail address: (to be used for future annual report notification)   |      |  |  |  |
| For further information concerning this matter, please call:   |      |  |  |  |
| NATTACHON TANGPANCHASIL at (614) 622 3500  Name of Contact Person Area Code & Daytime Telephone Nu   |      |  |  |  |
| Name of Contact Person Area Code & Daytime Telephone Nu  | nber |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |      |  |  |  |
| S35 Filing Fee  S43.75 Filing Fee & S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)  S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional Copy is enclosed) |      |  |  |  |
| Mailing Address Amendment Section Street Address Amendment Section   |      |  |  |  |
| Division of Corporations Division of Corporations  |      |  |  |  |
| P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 819   | )    |  |  |  |

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of



### CURPORATION BEG FOR MORE

(Name of Corporation as currently filed with the Florida Dept. of State)

|  | P 14 0000 53                    | 467   |  |                      |
|--|---------------------------------|---|--|----------------------|
|  | (Document Number of             | Corporation (if know                        | m)   |                      |
| Pursuant to the provisions of section 607. its Articles of Incorporation:  | 1006, Florida Statutes, this I  | Florida Profit Corpor                       | ation adopts the following                             | amendment(s          |
| A. If amending name, enter the new na  | me of the corporation;          |   |  |                      |
| NA   |                                 |   |  | The new              |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association," | orp," "Inc," or "Co". A         | ompany," or "incorpo<br>professional corpor | orated" or the abbreviation<br>ation name must contain | "Corp.,"<br>the word |
| B. Enter new principal office address, i   | if applicable:                  |   | N/A  |                      |
| (Principal office address MUST BE A ST   |                                 |   |  |                      |
|  |                                 |   |  | <del></del>          |
| C. Enter new mailing address, if appli   | cable:                          |   |  |                      |
| (Mailing address MAY BE A POST (   | OFFICE BOX)                     |   | N/A  |                      |
|  |                                 |   |  |                      |
|  |                                 |   |  |                      |
|  |                                 | -   | -  |                      |
| <ul> <li>If amending the registered agent an<br/>new registered agent and/or the new</li> </ul>                          |                                 |   | the name of the  |                      |
|  | _                               | _   | ,  |                      |
| Name of New Registered Agent   | • • • • •                       |   |  |                      |
|  | 2831 E OAFLAND<br>(Florida stre | PARK BLUD                                   | , SUITE # 1-5  |                      |
|  |                                 |   |  |                      |
| New Registered Office Address:   | FORT LAUDER                     | CIALE                                       | Florida_ <i>33306</i>                                  | <u>~ 1803</u>        |
|  |                                 | (Cuy)                                       | (Zip Ci  | માં(')               |
|  |                                 |   |  |                      |
| New Registered Agent's Signature, if cl  | hanging Registered Agent:       |   |  |                      |
| I hereby accept the appointment as regist  |                                 |   | ligations of the position.                             |                      |
|  |                                 |   |  |                      |
|  | Addustrant                      | _   |  |                      |
| <del></del>  | Signature of New Re             |   | inging   |                      |
|  | <b>G</b> .                      | ·   |  |                      |

## Check if applicable

 $\square$  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)

Example:

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> <u>John</u>  | <u>Doc</u>                 |                           |
|-------------------------------|------------------------|----------------------------|---------------------------|
| X Remove                      | <u>V</u> <u>Mike</u>   | : Jones                    |                           |
| <u>X</u> Add                  | <u>SV</u> <u>Sally</u> | v Smith                    |                           |
| Type of Action<br>(Check One) | <u>Title</u>           | Name                       | <u>Addres</u> s           |
| 1) X Change                   | _D                     | SURISS ADA SOTHIWAN MONGSE | 30/2 NE 147H AVE,         |
| Add                           |                        |                            | OAKLAND PARK,             |
| Remove                        |                        |                            | FORT LAUDERDALE, FL 33334 |
| 2) Change                     | PT                     | NATTA CHON TANGPANCHASIL   | 5213 N PIXIE HNY, C1      |
| X_ Add                        |                        |                            | DAKLAND PARK, FL          |
| Remove 3 ) Change             |                        |                            | 35334                     |
| Add                           |                        |                            |                           |
| Remove                        |                        |                            |                           |
| 4) Change                     |                        |                            |                           |
| Add                           |                        |                            |                           |
| Remove                        |                        |                            |                           |
| 5) Change                     | <del></del>            |                            |                           |
| Add                           |                        |                            |                           |
| Remove                        |                        |                            |                           |
| 6) Change                     |                        |                            |                           |
| Add                           |                        |                            |                           |
| Remove                        |                        |                            |                           |

|                   | ding additional Artsheets, if necessary). | (Be specific)     |                    |                     |          |
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| an amendment      | provides for an exc                       | change reclassifi | eation, or cancell | ation of issued sha | res.     |
| provisions for im | plementing the an                         | endment if not c  | ontained in the ar | mendment itself:    |          |
|                   | able, indicate N/A)                       |                   |                    |                     |          |
| (if not applice   |   |                   |                    |                     |          |
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| The date of each amendment(s) adoption: date this document was signed.                   | N/A  | , if other than           |
|--|--|---------------------------|
|  | JULY 2022  |                           |
| Effective date <u>if applicable</u> : 19   | (no more than 90 days after amendment file date)   |                           |
| Note: If the date inserted in this block doe document's effective date on the Department | es not meet the applicable statutory filing requirements, this dat of State's records.   | ate will not be listed as |
| Adoption of Amendment(s)   | CHECK ONE)   |                           |
| The amendment(s) was/were adopted by action was not required.                            | the incorporators, or board of directors without shareholder acti-   | on and shareholder        |
| ☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f         | the shareholders. The number of votes east for the amendment(for approval.   | s)                        |
|  | with the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):                                 | ınt                       |
| "The number of votes east for the ar   | mendment(s) was/were sufficient for approval   |                           |
| by   |  |                           |
| (  | (voting group)   |                           |
| selected, by an i  | resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other couriery by that fiduciary) |                           |
| <u> </u>   | (Typed or printed name of person signing)  |                           |
|  | (Typed or printed name of person signing)  |                           |
|  | DIRECTOR (FORMER PRESIDENT) (Title of person signing)  |                           |
|  | Nathabort (NEN PRESIDENT)  |                           |
|  | NATTACHON TANGPANCHASIL  |                           |

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