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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	ORATION: Sigma Solve, Inc.				
DOCUMENT NUM	1BER:				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	Biren Zaverchand				
	Name of Contact Person				
	Sigma Solve, Inc.				
		Firm/ Company		_	
	Firm/ Company 1560 Sawgrass Corporate Parkway				
	Address				
	Sunrise FL 33323				
		City/ State and Zip Cod	e		
	biren@sigmasolve.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information Biren Zaverchand	ion concerning this matter, pleas	. 954	3970800		
Name	e of Contact Person	at (Area Co	de & Daytime Telephone Num	ber	
	for the following amount made				
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	2023 HOV 26	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	PH 3: 44 SSEE, FL	

Articles of Amendment to Articles of Incorporation of

	U	
Sigma Solve, Inc.		
(Name	of Corporation as current	tly filed with the Florida Dept. of State)
P14000070291	•	
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new n	ame of the corporation:	
		The new
	Corp," "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:		1560 Sawgrass Corporate Parkway
(Principal office address MUST BE A S		Sunrise FL 33323
C. Enter new mailing address, if appl	icable:	15000
(Mailing address MAY BE A POST	OFFICE BOX)	1560 Sawgrass Corporate Parkway
		Sunrise FL 33323
D. If amending the registered agent ar	adlar registered office add	lynes in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	Biren Zaverehand	
	1560 Sawgrass Corporate	Parkway
	(Florida st	reet address)
New Registered Office Address:	Sunrise	33323 , Florida
		(City) (Zip Code)
		9
New Registered Agent's Signature, if c I hereby accept the appointment as regist		with and accept the obligations of the position
	.,	N 0
		-5.50 P.H

Signature of New Registered 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 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: <u>X</u> Change	<u>PT</u> <u>Joh</u> r	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	(FD	Biren Zaverchand (Officer / Director)	12461 SW 1st Street
X Add	<u> </u>		Plantation FL 33325
Remove	A-70		
2) Change	OH)	Prerak Parikh (Officer / Director)	4524 W Village Court
X Add			Smyrna GA 30080
Remove 3) Change	TR	Pujan Zaverchand	12461 SW 1st Street
X Add	• '		Plantation FL 33325
Remove	TZ	Shivani Patel	4524 W Village Court
4) Change X Add	<u> </u>		Smyrna GA 30080
Remove			
5)Change			
Add			
Remove			2023 TC 223
6) Change			- 10 ti
Add			
Remove			SET PH
			B: 44

with Prerak Parikh and Biren Zaverchand as Officers / Directors of Sigma Solve, Inc. Shivani Patel and Pujan Zaverchand as Officers Fig. 15 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)	
. 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:	
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	AQ:
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Th. disk. for the control of the con	September 23, 2023	, if other than the
date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Signature	Jorembu 21, 2024	_
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Biren Zaverchand	
	(Typed or printed name of person signing)	
	Officer /Director /President	
	(Title of person signing)	7023 NOV 26 PH 3: 44