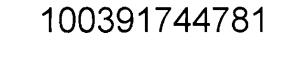
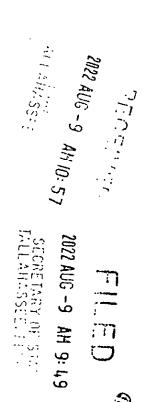
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	NAMARON COI	RPORATIONS, I	NC.	
DOCUMENT NUMBER:	P15000008705			
The enclosed Articles of Amenda	ment and fee are su	bmitted for filing	.	
Please return all correspondence	concerning this ma	itter to the follow	ing:	
SMITH T	HOMPSON SHAV	v		
-		Name of Cont	act Person	·
ATTN: ST	TACY SMALL			
		Firm/ Co	mpany	
3520 THC	MASVILLE ROA	D - 4TH FLOOR		
 -		Addre	ss	
TALLAH	ASSEE, FL 32309			
		City/ State and	d Zip Code	
czig31@a	ol.com			
	il address: (to be us	sed for future ann	ual report r	notification)
For further information concernit	ng this matter, plea		850	893-4105
Name of Contact	Person	at (Area Cod	e & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made	payable to the Flo	orida Depai	tment of State:
-	3.75 Filing Fee & rtificate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	py	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations		Divisior The Ce 2415 N	address ment Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 usee, FL 32303

to

Articles of Amendment to Articles of Incorporation of

FILED & 2022 AUG -9 AM 9: 49

NAMARON CORPORATION, INC.

14747	TARON CORI O	MITON, INC.	IALLAÑ	100 mm
(Name of Corporation	ion as currently (filed with the Florid	a Dept. of State)	799E(1, 1 1).,
(Docun	ment Number of C	Corporation (if know	n)	
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this <i>Fl</i>	orida Profit Corpora	ution adopts the follow	ving amendment(
A. If amending name, enter the new name of the co	orporation:			
	. P. 0	и и:		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A p	mpany, or incorpo professional corpora	ratea or the apprevious ution name must con	ation Corp., tain the word
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)			
 If amending the registered agent and/or register new registered agent and/or the new registered 		s in Florida, enter t	the name of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:	(C	ity)	, Florida	ip Code)
		-	•	
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	vistered Agent: I am familiar wit	h and accept the obli	igations of the positio	n.
Signe	ature of New Reg.	istered Agent, if char	nging	
Signe	ature of New Reg.	istered Agent, if char	nging	

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)

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> John Doe X Remove <u>V</u> Mike Jones X Add<u>SV</u> Sally Smith Type of Action <u>Title</u> <u>Name</u> <u>Address</u> (Check One) JACOB H. HUGGINS 3614 STROLLING WAY 1) ____ Change TALLAHASSEE, FL 32311 __ Add Remove CHRIS ZEIGLER 3614 STROLLING WAY 2) ____ Change TALLAHASSEE, FL 32311 Add Х Remove CHRIS F. ZEIGLER 3614 STROLLING WAY Change TALLAHASSEE, FL 32311 Δdd Remove JACOB H. HUGGINS 3614 STROLLING WAY 4) Change TALLAHASSEE, FL 32311 Add _ Remove 5) ____ Change __ Add __ Remove 6) ____ Change ___ Add ___ Remove

Attach additional sheets, if necessary). (Be specific)	iere:	
	· · (ive specific)		
			
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f an amendment provides for an ex	change, rechassification,		
provisions for implementing the ar	nendment if not containe	<u>ed in the amendment it:</u>	<u>self:</u>
f an amendment provides for an exprovisions for implementing the ar (if not applicable, indicate N/A)	nendment if not containe	ed in the amendment it.	self:
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the a sufficient for approval.	mendment(s)
must be separately provided f	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendment for the same of the sa	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated	ST 8, 2022 Collection of the officer of the colors of the	
	ted, by an incorporator — if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	r other court
77	Hallie D. Zeigler	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	