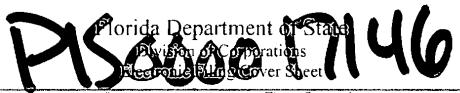
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (954)208-0845

Fax Number

: (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |  |
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

## ALANRI 1920 INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 04      |
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He BRUMBLEY
JUL - 4 2022

## Articles of Amendment to Articles of Incorporation of

| Alanri 1920 Inc.  |   |                             |
|---|---|-----------------------------|
| (Name of Corporation as curren  | tly filed with the Florida Dept. of Sta | te)                         |
| P15000017146  |   |                             |
| (Document Number  | of Corporation (if known)               |                             |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation;   | s Florida Profit Corporation adopts the | : following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |   |                             |
|   |   | 777                         |
| name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name mu      |                             |
| B. Enter new principal office address, if applicable:   | 780 NE 69th Street Unit 1109            |                             |
| (Principal office address MUST BE A STREET ADDRESS)   | Miami, Florida, 33138                   | <b>20</b>                   |
|   |   | 75 Z                        |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 780 NE 69th Street Unit 1109            |                             |
|   | Miami, Florida, 33138                   | en a m                      |
|   |   |                             |
|   |   |                             |
| D. If amending the registered agent and/or registered office ad-<br>new registered agent and/or the new registered office address   |   | e<br>e                      |
| Name of New Registered Agent  |   |                             |
|   |   |                             |
| (Florida s  | treet adáress)                          |                             |
| No. 0 minuted (1880 and delenant  | 19                                      | _                           |
| New Registered Office Address:  | , Florida<br>, Florida                  | a<br>(Zip Code)             |
|   |   |                             |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar   |   | position.                   |
| Ci  | Desirement trans if there also          | <u> </u>                    |
| 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.                             |                             |

To:

12122023573

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> 14</u>   | John Doe                       |                              |
|----------------------------|--------------|--------------------------------|------------------------------|
| X Remove                   | <u>v</u>     | Mike Jones                     |                              |
| X Add                      | <u>sv</u>    | Sally Smith                    |                              |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>                    | <u>Addres</u> s              |
| 1) X Change                | PD           | Rodriguez, Carlos Javier Gamus | 780 NE 69th Street Unit 1109 |
| Add                        |              |                                | Miami, Florida, 33138        |
| Remove                     |              |                                |                              |
| 2) Change                  |              |                                |                              |
| Add                        |              |                                |                              |
| Remove 3) Change           |              |                                |                              |
| Add                        |              |                                |                              |
| Remove                     |              |                                |                              |
| 4) Change                  |              |                                |                              |
| Add                        |              |                                |                              |
| Remove                     |              |                                |                              |
| <i>3)</i> Change           |              |                                |                              |
| Add                        |              |                                | <del></del>                  |
| Remove                     |              |                                |                              |
| 6) Change                  |              |                                | <del></del> .                |
| Add                        |              |                                |                              |
| Remove                     |              |                                |                              |

To:

| (Attach ada | ng or adding<br>ditional sheet | s. if necessar                        | y). (Be spe |                |                |                |           |                                       |
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| provision   | ns for impl <del>e</del> n     | nenting the a                         | imendment i | f not conta    | ined in the ar | nendnient it   | self:     |                                       |
| (if no      | ot applicable,                 | indicate N/A                          | ,           |                |                |                |           |                                       |
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| The date of each amendment(s) adoption:  | , if other than the                                 |
|--|---|
| date this document was signed.   |   |
| Effective date if applicable: (no more than 90 days after amenda   |   |
| (no more than 90 days after amenda   | nent file date)                                     |
| Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.             | g requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |   |
| ▼ The amendment(s) was/were adopted by the incorporators, or board of directors was action was not required.   | ithout shareholder action and shareholder           |
| The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.                               | ast for the amendment(s)                            |
| ☐ The amendment(s) was were approved by the shareholders through voting groups, must be separately provided for each voting group entitled to vote separately on t |   |
| "The number of votes cast for the amendment(s) was/were sufficient for app   | roval   |
| by   | "   |
| (voting group)   | <del></del>   |
| Dated 6/22/2022  |   |
| Signature  |   |
| (By a director, president or other officer - if directors or o   |   |
| selected, by an incorporator – it in the hands of a receive  | r, trustee, or other court                          |
| appointed fiduciary by that fiduciary)   |   |
| Carlos Javier Gamus Rodrigue   | ел  |
| (Typed or printed name of person sign  | ing)  |
| president  |   |
| (Title of person signing)  |   |