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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : PADRON AND ASSOCIATES INC.

Account Number : I20060000156 Phone : (305)818-0404 Fax Number : (385)818-8898

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

Email	Address:	<u> </u>	

COR AMND/RESTATE/CORRECT OR O/D RESIGN ARISGLORY INVESTMENTS INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: ARISGLOF DOCUMENT NUMBER: P1500009519		NTS INC.	
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
RALPH PADRO	V		
	Name of Contact Perso	n	
PADRON & ASS			
	Firm/ Company		
2095 W 76TH STREET			
	Address		
HIALEAH, FL 33	016		
<u></u>	City/ State and Zip Cod	e	
RALPH@RALPHPADRON.COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, pleas	c call:		
RALPH PADRON	at (305	818-0404 de & Daytime Telephone Number	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made p			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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 Clutton	Address Insent Section on of Corporations Building Recutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

of	
ARISGLORY INVESTMENTS INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P15000095193	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendatis Articles of Incorporation:	nent(s) to
A. If amending name, enter the new name of the corporation:	
The ne	'N'
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	วก
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILE
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	Ü
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida,	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing	

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 = ChiefExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hold. 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:

\underline{X} Change	<u>PT</u> Joh	n Doe	
\underline{X} Remove	<u>V</u> <u>Mil</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	ARIS, SAMIR	2095 W 76TH ST STE 127
Add			HIALEAH, FL 33016
Remove			
2) Change	\$D	ARIS, GLORIYEN D	2095 W 76TH ST STE 127
Add			HIALEAH, FL 33016
Remove			
3) Change	PD 	ARIS, YAMILE W	2095 W 76TH ST STE 127
Add			HIALEAH, FL 33016
Remove			
4) Change	<u>VPD</u>	CHAGUA, GLORIA W	2095 W 76TH ST STE 127
Add			HIALEAH, FL 33016
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

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Attach additional sheets, if necessary).	(Be specific)
-	
-	
f an amendment provides for an exc	honge, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	enument if not contained in the unit patient issue.

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 amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 06/21/2024	
Signature	
(By a director, president or other officer—If directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
YAMILE W. ARIS	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	