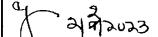
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Megladon Inc						
DOCUMENT NUM	P16000001585	4					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.					
Please return all corr	espondence concerning this ma	tter to the following:					
	Oliver Huttner						
	Name of Contact Person						
	Management Tax Consulting Inc						
	Firm/ Company						
	4430 Orchid Blvd Ste 202						
		Address					
	Cape Coral, FL 33904						
		City/ State and Zip Cod	e				
	mtc.florida@gmail.com						
	E-mail address: (to be us	sed for future annual report	notification)				
	on concerning this matter, pleas		415 4208				
Oliver Huttner		at (<u>239</u>) 043-4208				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

Articles of Amendment to Articles of Incorporation of

FILED

2022 HOV -7 AM 7: 16

(Name of Corporation as currently	filed with the Florida Dept. of State
P16000001585	TALEKIAS ŠEE, F
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
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)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	. Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

Check if applicable

Megladon Inc

☐ 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 De</u>	<u>oe</u>			
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	<u>S</u>	 -	Lourdes Heinz			
Add						
Remove						
2) Change		_				
Add						
Remove Change		_				
Add				- mint		
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

	n danie	g additional Artes, if necessary).	(be speci	jic)			
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F. <u>If an</u> :	amendment prov	<u>vides for an exc</u>	hange, recl	assification, or e	ancellation of is	sued shares,	
prov	isions for impler	menting the am	hange, recl	assification, or one not contained in	ancellation of is the amendmen	sued shares, t itself:	
prov	amendment prov risions for impler (if not applicable,	menting the am	hange, recl	assification, or one of the contained in	ancellation of is the amendmen	sued shares, t itself:	
prov	isions for impler	menting the am	hange, recl	assification, or ended in	ancellation of is the amendmen	sued shares, titself:	
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	11/04/2021	
The date of each amen		, if other than the
date this document was:	•	
Effective date if applica	11/11/2021 able:	
<u></u>	(no more than 90 days after amendment file date)	
	ted in this block does not meet the applicable statutory filing requirements, this date te on the Department of State's records.	will not be listed as the
Adoption of Amendme	ent(s) (<u>CHECK ONE</u>)	
The amendment(s) w action was not requir	ras/were adopted by the incorporators, or board of directors without shareholder action red.	n and shareholder
	vas/were adopted by the shareholders. The number of votes east for the amendment(s) was/were sufficient for approval.)
	vas/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):	t <i>I</i>
"The number o	of votes cast for the amendment(s) was/were sufficient for approval	
by	··	
,	(voting group)	
Dated	11-4-2022	
Signat	ture Min Hill	
0,6	(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)	
	Oliver Huttner	
	(Typed or printed name of person signing)	
	Incorporator	
	(Title of person signing)	