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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: 54	2 INC	
DOCUMENT NUMBER:	160000 743.19	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
	PI LURIE	
_	Name of Contact Person	
	42 INC. Firm/ Company	
542 NE	= 20 = ST - WNIT 4	
Wilton M	anors A 33308	_ ^
TI	City/ State and Zip Code	> /
E-mail address: (to be us	ed for future annual report notification)	
For further information concerning this matter, please	se call:	
Teri LURIE	at (954) 629-4897	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
\$35 Filing Fee \$\text{Certificate of Status}\$	□S43.75 Filing Fee & □S52.50 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	Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation
of

FILED

_ 1				
242	TNO		2022 1	AR 21 AM OLOG
(Name of Corpo	ration as currently	filed with the Fl	orida Dept. of State)	
7	>110DC	100 71	13/9 50	FT CHESTATE
(Do	ocument Number of	Corporation (if kr		Ermassee.FL
Pursuant to the provisions of section 607,1006, Floats Articles of Incorporation:	orida Statutes, this F	Torida Profit Cor	poration adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
	 			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the al	Inc," or "Co". A			
3. Enter new principal office address, if applica	a bia.	542	NE ZO	
Principal office address MUST BE A STREET			UNIT	4
		Wilte	on Mano	RS, Fi
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	'ROV)			
(Maning Mariess MAT DE ATOST OTTICE	<u> 10011</u>)			
). If amending the registered agent and/or reg	istored office addre	see in Florida an	tar the name of the	
new registered agent and/or the new registe		.33 III V 1011uu, en	ici the hame of the	
Name of New Registered Agent				
Nume of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:			, Florida	
New Negistereu (Affice Audress).		City)		Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	tak and amana aka	a blimatiana a Ceba manie	
hereby accept the appointment as registered age	nı. 1 am jamular wi	ин апа ассері іне	oonganons oj the posti	on.
S	Signature of New Re	gistered Agent, if	changing	
	agramme of them he	5-2101 OH 1160111, Y		

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 = Trustce; 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	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>omith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	VP	MARTINO PETREC	
Add Remove			frlanderdzle Fr 3330
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove 5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

vuacu aaamonai She	ng additional Arti ects, if necessary).	(Be specific)				
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•						
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		· · ·				
						
						
f an amendment pr provisions for impl	ovides for an exch ementing the ame	ndment if not co	ation, or cancella ntained in the an	nendment itself:	ares,	
(if not applicab	le, indicate N/A)					
<u> </u>						

, • -	
The date of each amendment(s) adoptidate this document was signed.	ion: Harch 10 th , 2002. if other than the
-	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
Dated	10/2022
Signature	11/2
(By a directo	or, president or other officer - if directors or officers have not been
	an incorporator – if in the hands of a receiver, trustee, or other court
appointed to	duciary by that fiduciary)
	IERI LURIE
	(Typed or printed name of person signing)
	President
	(Title of person signing)