P16000096609

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:FLEX CHAR INC	· ·	
DOCUMENT NUMBER	R:P16000095609		
The enclosed Articles of .	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
		CRICK YOUSEFFI	
_		Name of Contact Persor	i
		FLEX CHAR INC	
_		Firm/ Company	
		6841 SW 11 ST	
	<u> </u>	Address	
	P 1 :	MBROKE PINES, FL 330	23
		City/ State and Zip Code	e
		Charlastudio08@gmail.co	oin
	E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call: at (754	779-01-79
Name of 0	Contact Person		de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 issec, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation of

FLEX CHAR INC

POEC 19 PA 3: 55 (Name of Corporation as currently filed with the Florida Dept. of State) P16000095609 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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." 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C \neq Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

Evample: X_Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Ybrahin Navarro Hernandez	6841 SW 11 ST, PEMBROKE
x Add			PINES F:L 33023
Remove			
2) Change		_	
Add			
Remove 3 + Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding additional A ach additional sheets, if necessary). (Be specific)				
					
					
	. , , , , ,		lation of irrund s	haros	
an amendment provides for an e rovisions for implementing the a	exchange, reclassifi	cation, or cancer contained in the 2	<u>mendment itself</u>	:	
(if not applicable, indicate N/A)	ontanied to the		-	
(i) not applicable, marcine 1921	,				
	<u></u>				
	<u> </u>				

	12/13/2023	if other than the
The date of each amendment(s) adoption this document was signed.	otion:	II Other man the
	12/13/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blod document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this crtment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment cient for approval.	n(s)
☐ The amendment(s) was/were appromist be separately provided for ea	ved by the shateholders through voting groups. The following states when voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by	,··	
	(voting group)	
12/13/2023		
DatedSignature	uf.ffi	
selected.	etor, president or other officer – if directors or officers have not bee by an incorporator – if in the hands of a receiver, trustee, or other co I fiduciary by that fiduciary)	n purt
	YOUSEFFI CRICK	
	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	

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TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	ION:FLEX CHAR INC	<u> </u>		
DOCUMENT NUMBER	:P16000095609			<u> </u>
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Please return all correspon	dence concerning this ma	tter to the followin	ıg:	
		CRICK YOUSEF	FI	
		Name of Conta	ct Person	
		FLEX CHAR INC	С	
·		Firm/ Com	npany	
		6841 SW 11	ST	
		Addres	is	
	PE	MBROKE PINES	S. FL 3302	23
		City/ State and	Zip Code	
		Charlastudio08@	gmail.cor	n
	E-mail address: (to be us	sed for future annu	al report r	notification)
For further information co	ncerning this matter, pleas	se call:		
CRICK YOUSEFFI		754 at (4	779-01-79
Name of C	ontact Person	w. (Area Cod	e & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Flor	rida Depar	rtment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	y	☐\$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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		