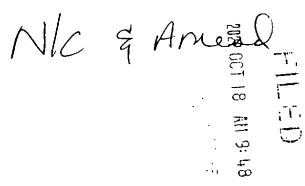
P17000021821

| | (Requestor's Name) | |
|---|----------------------------|------|
| | | |
| | | |
| | (Address) | |
| | | |
| | | |
| | (Address) | |
| | , | |
| | | |
| | (City/State/Zip/Phone #) | |
| , | (Only/Otato/Zip// Horic #) | |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| | | |
| | | |
| | (Business Entity Name) | |
| | | |
| | | |
| • | (Document Number) | |
| | | |
| | | |
| Certified Copies | _ Certificates of Sta | atus |
| | | |
| | | |
| Consider the control of the control | Filia - Office | |
| Special Instructions to | Filing Officer. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| } . | | |
| | | |
| | | |
| | | |
| 1 | | |

Office Use Only



700396063747



 $10.418.722 \pm 01002 \pm 0.24$ **35.00

A. RAMSEY OCT 1 9 2022

| | ACCESS, | | | | |
|----|--------------------|---------------|-------------|--|--|
| | | v | VALK IN | | |
| | | PICK UP: | DANNY 10/18 | | |
| | CERTIFIED CO |)PY | | | |
| XX | РНОТОСОРУ | | | | |
| | CUS | | | | |
| XX | FILING | AME | NDMENT | | |
| | (CORPORATE NAME AN | D DOCUMENT #) | | | |
| - | (CORPORATE NAME AN | D DOCUMENT #) | | | |
| - | (CORPORATE NAME AN | D DOCUMENT #) | | | |
| | (CORPORATE NAME AN | D DOCUMENT #) | -4 | | |
| - | | | | | |

INSTRUCTIONS:

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COL | RPORATION: SILK WORLD'S | FINEST INC. | |
|--------------------|-------------------------------------|---|--|
| DOCUMENT N | P17000021821 | | |
| The enclosed Art | icles of Amendment and fee are st | abmitted for filing. | |
| Please return all | correspondence concerning this ma | atter to the following: | |
| | Eddie Jost | | |
| | | Name of Contact Person | n |
| | MTB Admin Services LLC | | |
| | | Firm/ Company | |
| | 500 Westover Dr #16113 | | |
| | - | Address | |
| | Sanford, NC 27330 | | |
| | | City/ State and Zip Cod | e |
| | sozietaet@usctsinc.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further inforn | nation concerning this matter, plea | se call: at (| 844-7509 |
| N: | ame of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a che | ek for the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fe | ec | □\$43.75 Filing Fee & Certified Copy | ☐\$52.50 Filing Fee Certificate of Status |
| | | (Additional copy is enclosed) | Certified Copy (Additional Copy is enclosed) |

Articles of Amendment to Articles of Incorporation of

FILED

SILK WORLD'S FINEST INC.

2022 OCT 18 AM 9: 48

| SILK WORLD'S FINEST INC. | | | | ,, |
|--|-------------------------------|--------------------------------|---------------------------------------|----------------|
| (<u>Name</u> | of Corporation as current | y filed with the Florida De | pt. of State) | - |
| P17000021821 | | | i; | |
| | (Document Number o | f Corporation (if known) | | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this | Florida Profit Corporation | adopts the following ar | mendment(s) to |
| A. If amending name, enter the new n | ame of the corporation: | | | |
| First National Capital Investment Co | | | Ti | ie new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Catartered," "professional association," | Corp," "Inc," or "Co". 🛭 🗸 | t professional corporation | l" or the abbreviation " | Corp.," |
| B. Enter new principal office address, | | N/A | | |
| (Principal office address MUST BE A S | (TREET ADDRESS) | | | |
| | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| C. Enter new mailing address, if appl | | N/A | | |
| (Mailing address <u>MAY BE A POST</u> | OFFICE BOX | | | _ |
| | | | | |
| | | | | |
| D. If amending the registered agent ar | nd/ar registered office add | race in Flavida, autom tha m | ama of the | |
| new registered agent and/or the ne | | | ame or the | |
| Name of New Registered Agent | N/A | | | |
| Name of New Registered Agent | | | | |
| | (Florida str | ant addused | | |
| | N/A | eet aaaress) | | |
| New Registered Office Address: | | ·C:- · | Florida | |
| | | (City) | (Zip Code | ') |
| | | | | |
| New Registered Agent's Signature, if c | hanging Registered Agent | : | | |
| I hereby accept the appointment as regist | tered agent. I am familiar v | with and accept the obligation | ons of the position. | |
| | | | | |
| | | | | |
| _ | Signature of Nov P. | egistered Agent, if changing | , | |
| | mgnatare of new to | segmeneu agent, ij enunging | | |
| Check if applicable | /07.0100 | | | |
| ☐ The amendment(s) is/are being filed p | ursuant 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> | John Do | <u>e</u> | |
|----------------------------|--------------|----------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jor | <u>nes</u> | |
| X Add | <u>sv</u> | Sally Sn | <u>vith</u> | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | <u>Addres</u> s |
| l) Change | | _ | N/A | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | <u></u> |
| Remove 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | <u> </u> | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| ARTICLE IV: The number of shares of stock is: 250,000,000 at \$1 par value, classified below: Class A Common Shares: 5,000,000 at \$1 par value Class B Common Shares: 200,000,000 at \$1 par value Class C Common Shares: 200,000,000 at \$1 par value | |
|--|----|
| lass B Common Shares: 45,000,000 at \$1 par value | |
| | |
| lass C Common Shares: 200,000,000 at \$1 par value | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | •— |
| | |
| | |
| | |
| | |
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) A | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
|---|---|-----------------------------|
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the | s block does not meet the applicable statutory filing requirements, this dat Department of State's records. | e will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were action was not required. | adopted by the incorporators, or board of directors without shareholder actic | on and shareholder |
| ☐ The amendment(s) was/were a by the shareholders was/were | adopted by the shareholders. The number of votes east for the amendment(s sufficient for approval. | 3) |
| | approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s): | nt |
| "The number of votes ea | ist for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| 10/18/20 Dated | 22 | |
| Signature | /s/ Varvara Novik | |
| (By a selec | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) | |
| | Varvara Novik | |
| | (Typed or printed name of person signing) | |
| | President | |

(Title of person signing)