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TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: SPALA 1	NVESTMENT.	S, INC.			
DOCUMENT NUMBER	017	000045874				
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.				
Please return all correspon	dence concerning this ma	tter to the following:				
		SANJAY AGA	NAN I			
		SANJAY AGNAN / Name of Contact Person				
		SPALA INVESTMENTS INC				
		Firm/ Company				
	10773 N	Firm/ Company W 587H4 ST Address	# 244			
		Address				
	<u> </u>	BORNE, 1	551/0			
		City/ State and Zip Code				
		MAIL @MYWO	WSHOP. Com			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information co	ncerning this matter, pleas	se call:				
	AGNANI	at (846	275 7/88 de & Daytime Telephone Number			
Name of Contact Person		Area Coo	le & Daytime Telephone Number			
Enclosed is a check for the	e following amount made	payable to the Florida Depa	ertment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
	nent Section of Corporations	Amendment Section Division of Corporations				
P.O. Box		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

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SPALA	INVESTMENTS INC	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
P17000	0045874	
	r of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendme	mi(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	The new "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
A STATE OF THE STA	6417 NW 104 PATH DORAL FZ 33178	
Fritar new world and a second		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office add	ress in Florida antonahannan da	
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the	2
Nome of No. 2. in . I .		25 A
Non-of No. D. in J. A.	ress in Florida, enter the name of the	25 APR
Name of New Registered Agent		25 APR 10
Name of New Registered Agent (Florida str	reel address)	25 APR 10
Name of New Registered Agent (Florida str	reel address)	25 APR 10 FH
Name of New Registered Agent (Florida str	reel address)	25 APR 10 FH 3
Name of New Registered Agent (Florida str	reel address)	25 APR 10 PH 3: 0
Name of New Registered Agent (Florida str.) New Registered Office Address:	(City) (Zip Code)	25 APR 10 FH 3 08
Name of New Registered Agent (Florida str. New Registered Office Address: Wew Registered Office Address:	rel address) (City) Florida (City) (City)	25 APR 10 FH 3 08
Name of New Registered Agent (Florida str.) New Registered Office Address:	rel address) (City) Florida (City) (City)	25 APR 10 FH 3 08
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Name of New Registered Agent (Florida str. New Registered Office Address: Wew Registered Office Address:	rel address) (City) Florida (City) (City)	25 APR 10 FH 3 08
Name of New Registered Agent (Florida str. New Registered Office Address: New Registered Office Address: W. Registered Agent's Signature, If changing Registered Agents reby accept the appointment as registered agent. I am familiar w	(City) , Florida (Zip Code) (City)	25 APR 10 FH 3 08
Name of New Registered Agent (Florida str. New Registered Office Address: New Registered Office Address: W. Registered Agent's Signature. If changing Registered Agent: Treby accept the appointment as registered agent. I am familiar w. Signature of New Registered Agent.	rel address) (City) Florida (City) (City)	25 APR 10 PH 3 08
Name of New Registered Agent (Florida str. New Registered Office Address: New Registered Office Address: W. Registered Agent's Signature, If changing Registered Agents reby accept the appointment as registered agent. I am familiar w	(City) (Zip Code)	25 APR 10 PH 3 08

;r

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.

<u>PT</u>	<u>John Do</u>	<u>oe</u>	
<u>v</u>	Mike Jo	nes	
<u>\$V</u>	Sally Sn	<u>nith</u>	
<u>Title</u>		Name	<u>Addres</u> s
	_		
	_		
	_		
	_		
	_		
	_		
	<u>v</u> <u>sv</u>	V Mike Jo SV Şally Sr	V Mike JonesSV Sally Smith

(Attach addition	or adding additional Artional sheets, if necessary).	(Be specific)	<u></u> -'		
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If an amendu	ent provides for an exch	inge, reclassification,	or cancellation of iss	ued shares.	
provisions to	r implementing the amer oplicable, indicate N/A)	ament it not containe	<u>a in the amenument</u>	itseir.	
(y not ap	pucanie, indicale WA)				
					············
					
					

The date of each amendment(s) ac date this document was signed.	loption:		, if other than the
•	h .e.a.,	,	2025
Effective date <u>if applicable</u> :		re than	2025 190 days after amendment file date)
	(110 1110		and an amendment file dutes
Note: If the date inserted in this bl document's effective date on the De			plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK O	NE)	
The amendment(s) was/were ado action was not required.	pted by the incorpor	rators, o	or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su			The number of votes cast for the amendment(s)
			hrough voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast i	or the amendment(s) was/v	were sufficient for approval
by			, ••
	(voting grou	p)	
Dated	PRIL 10		2025
Signature	PRIL 10	1/9	
(By a di	rector, prøsident or o	other of	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court
	, by an incorporator ed fiduciary by that		
	SA	ni TA	Y AGNANI
•	(Typed o	or printe	ed name of person signing)
	PRESIDENT	S/	PALH INVESTMENTS INC.
•	(Title of	person	signing)