P17000070947

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALLORE INC.				
DOCUMENT NUM	P17000070947				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	BRENDA KENNY				
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1		
	THE ABC'S OF ACCOUNT	TING			
		Firm/ Company			
	11272 W HILLSBOROUG	• •			
		Address			
	TAMPA, FL 33635				
		City/ State and Zip Cod	<u> </u>		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
BRENDA KENNY		at (813	335-1878		
Name	of Contact Person	at ()			
Enclosed is a check f	or the 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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section			Iment Section		
	vision of Corporations D. Box 6327	Division of Corporations Clifton Building			
	lahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
ALLORE INC.	17 DCCC70947
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	on:
	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	11272 W HILLSBOROUGH AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPA, FL 33635
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11272 W HILLSBOROUGH AVE
<u> </u>	TAMPA, FL 33635
D. If amending the registered agent and/or registered office	te address in Florida, enter the name of the
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent BRENDA KENNY	<u> </u>
11272 W HILLSB0	OROUGH AVE
(Flo	rida street address)
TAMPA New Registered Office Address:	33635 , Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent'
I hereby accept the appointment as registered agent. I am fan	
m	
Signature of	New Registered Agent, inchanging

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 = 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.

Example: X Change	<u>PT</u>	John Doc		
X Remove	$\underline{\mathbf{V}}$	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) Change	Р	PRIMITIVA GONZALEZ	3350 W HILLSBOROUGH AVE	
Add X Remove			TAMPA, FL 33614	
2) Change	Р	JAMES BRASWELL	11274 W HILLSBOROUGH AVE	
X Add			TAMPA, FL 33635	
Remove 3) Change	<u>V</u>	LLANIVI ROSADO	11274 W HILLSBOROUGH AVE	
X Add			TAMPA, FL 33635	
Remove 4) Change X Add	<u>T</u>	JESSICA VIERA	11274 W HILLSBOROUGH AVI	
Remove				
5) Change				
Add Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter char (Be specific)					
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If an amendment provides for an exch	vange reclassif	ication or can	ellation of is	med shares		
provisions for implementing the ame	ndment if not o	ontained in the	e amendment	itself:		
(if not applicable, indicate N/A)						
MES BRASWELL - 51% OWNERSH	IIP					
ANIVI ROSADO - 30% OWNERSHIF	- 					
ESSICA VIERA - 19% OWNERSHIP						
	 -	·		<u> </u>		
SOIDA VIETA - 13 /0 OVIVERSTIF						
COOLON VIETO - 13 /8 OWINETOFIIF						
SOIDA VIETA - 13 /8 OWNERSTIF						
SOIDA VIETA - 13 /0 OVVIVERSTIF						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/18	
Signature Signature	
(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)	
A	
JAMES BEASWELL	
(Typed or printed name of person signing)	
Residat	
(Title of person signing)	. -