P1700091585

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Aardvark Beverage	es Inc	
	MBER: P17000091585		
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Emmic Olivecrona		
		Name of Contact Person	1
	Aardvark Beverages Inc		
	·	Firm/ Company	
	2610 S Fern Creek Ave		
		Address	
	Orlando, Fl 32806		
	151-1-2	City/ State and Zip Code	<u></u>
	emmieolivecrona@gmail.com		
	E-mail address; (to be us	sed for future annual report	notification)
Parkinki ing	t ut u	.,	
For further informat	ion concerning this matter, pleas	se call:	
Emmie Oliveerona		at (<u>407</u>	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee
T:	illahassee, FL 32314	2415 N	vi. Monroe Street, Suite 810

Tallahassee, FL 32303

CK 3757

Articles of Amendment to Articles of Incorporation of

	of party and the second of the
Aardvark Beverages In	FILED
(Name of Corpo	oration as currently filed with the Florida Dept. of State)
P17000091585	oration as currently filed with the Floring Dept. of State) Sept. 9: 33
(De	ocument Number of Corporation (if known the TAIS OF STATE
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	he corporation:
	The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc," or "Co". A professional corporation name must contain the word abbreviation "P.A."
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET	able:
(Frincipal tijfice adaress <u>prost po normali</u>	
C. Enter new mailing address, if applicable:	P. NAV
(Mailing address <u>MAY BE A POST OFFICE</u>	<u></u>
	gistered office address in Florida, enter the name of the
new registered agent and/or the new registe	ered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with and accept the obligations of the position.
:	Signature of New Registered Agent, if changing
Chuck 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 = 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.

Add

Example: X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title P	<u>Name</u>	<u>Addres</u> s
1) Change	Presiden	Mark Anthony Solli	517 101st N
Add		RESISNEI)	St.Petersburg, Fl 33701
X Remove	P		
2) X Change	Presiden	Emmie Olivecrona	2610 S Fern Creek Ave
X Add		P, v', T, S	Orlando,Fl 32806
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

(Attach additional	sheets, if necessary).	cles, enter change(s) here: (Be specific)		
/A				
				
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		1 1,00		
nrovisions for in	provides for an exclusion	nange, reclassification, or cance	ellation of issued shares,	
(if not applic	able, indicate N/A)	indifferent in not contained in the	dinenginent riseri	
/A				
				. <u> </u>
<u>-</u>			. <u></u> .	
				<u> </u>

1	8/24/2024
The date of each amendmen date this document was signed	
Effective date if applicable:	8/26/2024
Effective date it applicable:	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by ²	(poling organ)
, 	(voting group)
8/26/2 Dated	024
Signature	y a director, president or other officer – if directors or officers have not been
(se ar	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) Emmie J Olivecrona
	(Typed or printed name of person signing)
	President, VP, S, T
	(Title of person signing)