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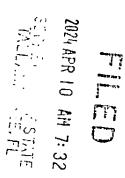
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: OAKMAN VENT	URES US INC				
DOCUMENT NUMBER: P18000057319 The enclosed Articles of Amendment and fee are submitted for filing.						
	JORGE L. OROSA					
	Name of Contact Person					
	OAKMAN VENTURES US INC					
	Firm/ Company					
	8333 NW 53rd ST STE 504					
	Address					
	MIAMI, FL 33166					
		City/ State and Zip Code				
	JORGE.OROSA@EKMANO	GROUP.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatic	on concerning this matter, pleas	se call:				
JORGE L OROSA			776-2386			
	of Contact Person	at (776-2386 Davtime Telephone Number			
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	irtment of State:			
☐ \$35 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)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee E. Monroe Street, Suite 810 ssec, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED 2024 APR 10 AM 7: 32

OAKMAN VENTURES US INC	1. 3Z
(Name of Corporation as e	currently filed with the Florida Dept. of State)
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpora	ation:
	The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or ' "chartered." "professional association," or the abbreviation	ntion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	8333 NW 53rd ST STE 504
(Principal office address MUST BE A STREET ADDRESS	<u>S</u>) MIAMI, FL 33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8333 NW 53rd ST STE 504
	MIAMI, FL 33166
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:
Name of New Registered Agent	
(F)	lorida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered the appointment as registered agent. I am for	d Agent:
Tumpe	ammar wan and accept the obligations of the position.
Signature of	of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being lifed 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)

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> <u>John</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ANNIE EDVARDSEN	BAVERSTIGEN 3
Add			FLODA, S-448 34 SE
Remove 2) Change	PCOO	MICHAEL FLYNN	8333 NW 53rd ST STE 504
X Add		· · · · · · · · · · · · · · · · · · ·	MIAMI, FL 33166
Remove 3) Change			
Add			
Remove 4) Change			
Add			
Remove 5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Re specific)
	
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f an amendment provides for an exchaprovisions for implementing the amer	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

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The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date if applicable:		
- Applicable	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Jepartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendme sufficient for approval.	nt(s)
The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment:
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
DatedSignature	dilector, president or other officer – if directors or officers have not bec	
select	need by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	n ourt
	FREDRIK TRAGARDH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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