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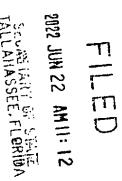
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Procore Products Inc DOCUMENT NUMBER: P18000102590 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Debra Dougherty Name of Contact Person Procore Products Inc. Firm/ Company 2856 Cedar Grove Loop Address The Villages, FL 32163 City/ State and Zip Code procoreproducts l@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; Debra Dougherty at (330) 507-1667 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

PROCORE PRODUCTS INC			
(Same of Corporation as curren	tly filed with the Florida Dept. (of State)	
P18000102590			
(Document Number	of Corporation (if known)		-
Pursuant to the provisions of section 607.1006. Florida Statutes, thints Articles of Incorporation:	s <i>Florida Profit Corporation</i> adop	ots the following amendment	.t(s) t
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.	A professional corporation name	The new the abbreviation "Corp.," we must contain the word	
B. Enter new principal office address, if applicable:	2856 Cedar Grove Loop	2022 TAL	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	The Villages, FL 32163	AH JUN	
		22 ASS	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2856 Cedar Grove Loop	A	
	The Villages, FL 32163	12	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name	of the	
(Florida s	treet address)		
New Registered Office Address:		lorida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>tt:</u> with and accept the obligations o	f the position.	
Signature of New .	Registered Agent, if changing		

Check if applicable

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)

____ Add

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 PT John Doe X Remove \underline{V} Mike Jones <u>X</u> Add \underline{SV} Sally Smith Type of Action Title **Name** <u>Addres</u>s (Check One) Debra Dougherty 2856 Cedar Grove Loop 1) A Change The Villages, FL 32163 ____ Add ____ Remove 2) X Change Diane Martino 2856 Cedar Grove Loop The Vilalges, FL 32163 ____ Add Remove 3) ____ Change ____ Add __ Remove 4) ____ Change ___ Add _ Remove 5) ____ Change __ Add ___ Remove 6) ____ Change

Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an excl	iange, reclassific	cation, or cance	llation of issued s	hares,	
provisions for implementing the ame	nament it not co	ontained in the	amendment itself	<u>E</u>	
vu not avoucable, indicate N/A)					
(if not applicable, indicate N/A)					
лу пот аррисавіе, marcate N/A)					
ху посаррисавіе, máicate N/A)					
ху пог аррисавіе, máicate N/A)					
лу пот аррисавіе, maicate N/A)					
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vy not applicable, indicate NA)					
vy not applicable, indicate NA)					
Ay not applicable, indicate N/A)					
Ay not applicable, indicate (NA)					
vy not applicable, indicate NA)					

The date of each amendment(s) adoption:	, if other than the
•	
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 da document's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
☐ 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.	5)
The amendment(s) was/were approved by the shareholders through voting groups. The following statements 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	FILED 2022 JUN 22 AM II: 12
(Typed or printed name of person signing)	
President	
(Title of person signing)	