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J. FASON
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COVER LETTER

TO: Amendment Section Division of Corporations	• • • • • • • • • • • • • • • • • • •
NAME OF CORPORATION: Premior	ier Supplies USA Inc.
DOCUMENT NUMBER:	<u> </u>
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
	irk Klana
MTD S	Name of Contact Person
	Firm/ Company
4324 1	UW 120 Arenue
	Address
(07a) S	Prims H. 33065
	City/ State and Zip Code
MTDSup	e used for future annual report notification)
man addiess. (to b	e used for future annual report normeation)
For further information concerning this matter, p	please call:
Clark Klana	ar 754 244-2078
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
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Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept, of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4324 NW 120th Ave Coral Springs Florida 32065
D. If amending the registered agent and/or registered office address: Name of New Registered Agent 4324	ess in Florida, enter the name of the 109 100 + AVC
New Registered Office Address: CON SPLING	et address) S Florida 33065 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a signature of New Roce.	th and accept the obligations of the position. 2071 225 255 255 255 255 255 255 255 255 25
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	— — — — — — — — — — — — — — — — — — —

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> <u>John</u>	<u>a Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> Sally	y Smith	
Type of Action (Check One)	Title D	Siovanni Acajosi	Address 362 Hillshow
Change Add Remove	n		Hahrology DR Deerfield beach Florida 33441
2) Change Add		Clark Hlang	4324 NW 120th
Remove Change			Corol Springs Florida 33065
Add Remove 4) Change			
Add Remove 5) Change			
Add Remove 6) Change			
Add			

Attach :	additional she	ng additional ets, if necessar	ry). (Be spe	cific)				
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an an provisi	ienament pro ions for imple	ovides for an ementing the a	<u>:xcnange, rec</u> amendment i	<u>tassification.</u> f not contain	<u>, or cancenau</u> ed in the amo	<u>on ot issued s</u> Indment itself	nares.	
(if	not applicable	e, indicate N/A)				<u></u>	
								
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Adoption of Amendment(s) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators. The number of votes cast for the amendment(s) 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) Dated (Ry 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) (Typed or printed name of person signing)	The date of each amendment(s) adoption: 05/17/202/	, i	f other than
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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 vate separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by (voting group) Dated 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) (Typed or printed name of person signing)	date this document was signed. $2 - 1/2 / 2 = 1$		
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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) (Typed or printed name of person signing)		2021	
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) (Typed or printed name of person signing)		#	
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) (Typed or printed name of person signing) President		25	
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) (Typed or printed name of person signing)	5/18/2021		٠. امر
(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) Glovant Acapti	A —	ဋ	_
(Typed or printed name of person signing) President	(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		
President	Giovanni Acajosi		
(Title of person signing)	(Typed or printed name of person signing) $ \begin{array}{cccc} $		
(i the to person agains)	(Title of person signing)		

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