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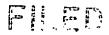
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: FRAMEWORXFL	INC			
DOCUMENT NUM	D10000049070				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	Cory Sands				
	Name of Contact Person				
	Frameworxfl, Inc				
		Firm/ Company			
	7005 55th St E				
		Address			
	Ellenton FL 34222				
City/ State and Zip Code			2		
	csands@frameworxfl. Inc				
	•	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Cory Sands		94} at (	779-7903		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 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 Tallahassee, F1, 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Frameworxfl, Inc	2021 NOY 22 PH 12: 32
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000048979	SECRETARY OF SHATE
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thinits Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
<u> </u>	The _new
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 must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter non-modified address: # conditionals.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida s	treet address)
None Presintant Office Adminis	Elorida
New Registered Office Address:	(City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered Agen	<u>ı:</u>
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
theck if annlicable	

☐ 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 Doc 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 Jol	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CEO	Cory Sands	7005 55th ST E Ellenton FL, 34222
Add			
Remove			
2) X Change	Presiden	Jason Dutra	11714 Navajo Sandstone
Add			ST Riverview FL, 33579
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del>-</del>
Add			
Remove			

	<u>lding additional Arti</u> sheets, if necessary).	(Be specific)				
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nn amendment	provides for an exch	anna easlaceifia	otion on consult	naina national	- <b>L</b>	
rovisions for im	plementing the ame	ndment if not co	a <u>uyn, or cancen</u> ntained in the a	<u>auon or issueu :</u> mendment itsel	snares, r.	
(if not applica	ble, indicate N/A)			menoment <u>user</u>	<u>*·</u>	
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	11/17/20121	
The date of each amendment(s) a date this document was signed.		, if other than the
•	7/2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this be document's effective date on the Do	lock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehol	lder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amer fficient for approval	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
11/17/2021 Dated		
Signature	1 Sock	
(By a di selected	rector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	ot been her court
	Cory Sands	
	(Typed or printed name of person signing)	
	CEO	
•	(Title of person signing)	<del></del>