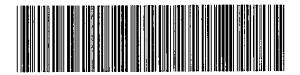
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Ramos & Cabrera Inc DOCUMENT NUMBER: P19000075951 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Naomi N Ramos Name of Contact Person Ramos & Cabrera Inc Firm/ Company 900 West 49th St Ste 424 Address Hialeah, FL, 33012 City/ State and Zip Code nramos@ramoscabrerainc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 9036271 Area Code & Daytime Telephone Number Naomi N Ramos 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 & ☐\$43.75 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 The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Ramos & Cabrera Inc (Name of Corporation as currently filed with the Florida Dept. of State) P19000075951 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc." or Co," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _. Florida_ (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check 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)

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>b.1,</u> | John Doe | |
|-------------------------------|--------------------------|---------------|--|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address 900 West 49th St Ste 424. Hialcah, FL, 33012 |
| 1) Change | DIR | Naomi N Ramos | 900 West 49th St Ste 424. |
| X Add | | | Hialcah, FL, 33012 |
| Remove | | | |
| 2) Change | | | 72.:1 |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
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| f an amendment provid | les for an exchange, | <u>, reclassificatio</u> | <u>on, o</u> r cancellati | ion of issued sha | res, | |
| provisions for implemen | nting the amendme | nt if not conta | <u>ined in the ame</u> | endment itself: | | |
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| | 04/12/2023 | | |
|--|--|---------------|-------------------|
| The date of each amendment(s) | adoption: | <u></u> . | if other than th |
| late this document was signed. | | | |
| | 1/12/2023 | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | | |
| | | | |
| Note: If the date inserted in this locument's effective date on the I | block does not meet the applicable statutory filing requirements, this obepartment of State's records. | date will not | t be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/were action was not required. | dopted by the incorporators, or board of directors without shareholder ac | tion and sha | reholder |
| The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes east for the amendmen sufficient for approval. | ıt(s) | |
| must be separately provided for "The number of votes can | pproved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s): st for the amendment(s) was/were sufficient for approval | ment 50 | 2023 APR 2 |
| by | (voting group) | • | 25 |
| | (voting group) | | |
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| 04/12/20: Dated | 23 | | 10 |
| Dated | | | \approx |
| Signature | Ham 2 | | |
| select | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary) | n urt | |
| | Naomi N Ramos | | |
| | (Typed or printed name of person signing) | | ., |
| | DIR | | |
| | (Title of person signing) | | |