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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: TAMAS GARAM	VOLGYI, PA		
DOCUMENT NUM	D1000002404			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Tamas Garami			
		Name of Contact Persor	1	
		Firm/ Company		
	1020 Villagio Cir Unit 206			
		Address		
	Sarasota, FL 34237			
		City/ State and Zip Code	e	
	gartomi@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Tamas Garami		at (7354525	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation	n as currently filed with the Flo	orida Dept. of State HAY 15 AM 8:
P19000087404		SECRETARY or co
(Docume	ent Number of Corporation (if kn	SECRETARY OF STA OWN) TALLAHASSEE, FLOR
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corp	poration adopts the following amendmen
A. If amending name, enter the new name of the cor	rporation:	
TAMAS GARAMI, PA		The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corp	rporated" or the abbreviation "Corp., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>		<u> </u>
		.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
Hen Registered Office Address.	(City)	(Zip Code)
	(Florida street address) (City) stered Agent:	, Florida(Zip Code)
Signat	ture of New Registered Agent, if	changing

Check if applicable

TAMAS GARAMVOLGYI, PA

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, an 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 = Chie 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 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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s (Be specific)			
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f an amendment provides for an exch	ange, reclassificatio	n, or cancellation	on of issued shar	es <u>.</u>
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contai	The same		
provisions for implementing the amer	ndment if not contai	inco in the unit		· <u>-</u>
provisions for implementing the amer	ndment if not contai	med in the unit		
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	05/09/2023		• • •	
The date of each amendment(s) a date this document was signed.	idoption:	-	· -	, if other than the
-	09/2023			
	(no mor	e than 90 days after amend	ment file date)	
Note: If the date inserted in this document's effective date on the D			ng requirements, this date	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ON</u>	<u>(E)</u>		
The amendment(s) was/were adaction was not required.	lopted by the incorpora	itors, or board of directors v	vithout shareholder action	n and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	•	ders. The number of votes of	east for the amendment(s))
☐ The amendment(s) was/were apmust be separately provided fo				at
"The number of votes cas	t for the amendment(s)) was/were sufficient for ap	proval	
by			5	: 2
	(voting group	?)		2023 HAY
05/09/202	3		HA	NAY 15 AN
Dated			20	多 5 「
	Truma C Gara	110.	, L	A B M
Signature	14440			
select	ed, by an incorporator need fiduciary by that f	ther officer – if directors or – if in the hands of a receiv Iduciary)	er, trustee, or other cour	
	Tamas Garami			
	(Typed or	printed name of person sig	ning)	
	President			
	(Title of p	person signing)		