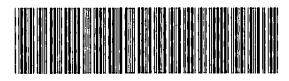
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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(1.1. ps.)

COVER LETTER

TO: Amendment Section

Division of Corpo	orations		·
NAME OF CORPOR	RATION: Aspire Employmen	nt Solutions Inc.	
	BER: P20000005749		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Phil Schepens		
	Aspir Em	Name of Contact Person Olympia Sign Company	The.
	8060 Roma Dune DR	Tim Company	
		Address	
	Wesley Chapel Fl 33545		
		City' State and Zip Cod	e
	phil@aspireemploymentsolu	tions.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Phil Schepens		at (813	de & Daytime Telephone Number
Name c	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee
		2415 1	N. Monroe Street, Suite 810 issee, FL 32303

Articles of Amendment Articles of Incorporation of

Aspire Employmet Solutions Inc.		
	tly filed with the Florida Dept. of	State)
P20000005749		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts	s the following amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation,"		The new
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name	warbreviation Corp., must contain the word
B. Enter new principal office address, if applicable:	8060 Roma Dune Dr	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Wesley Chapel F1, 33545	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8060 Roma Dune Dr	2021 3021
	Wesley Chapel Fl 33545	<u>T</u>
		25 60
D. If amending the registered agent and/or registered office add	drace in Flarida, antar the name a	f the Table 5
new registered agent and/or the new registered office addres		
Name of New Registered Agent		- in -
(Florida si	treet address)	
New Registered Office Address:	, , Flo	orida
	(City)	(Zip Code)
Nam Data and American State of the Control of the C		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>at:</u> with and accept the obligations of t	the position.
	, , ,	,
Signature of New 1	Registered Agent, if changing	
Check if applicable	-	
The amendment(s) is/arc being filed pursuant to s. $607.0120 (11)$	(te), 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>PT</u>	<u>John Doc</u>	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Pres	Marjorie C Schepens	8060 Roma Dune Dr
X Add			Wesley Chapel FI 33545
Remove			·
2) X Change	VP	Phil Schepens	8060 Roma Dune Dr
Add			Wesley Chapel Fl 33545
Remove 3 + Change			
Add			
Remove			
4) Change			
Add			
Remove			- Na
5) Change			
Add			
Remove			
6) Change			-
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

If amending or adding additional Artical (Attach additional sheets, if necessary).		
		_
- 		
		_
		_
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· · · · · · · · · · · · · · · · · · ·		
		_
		_
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	ignere it not contained in the amengment risen.	
arjorie Schepens has been issued 6,000 sh	ares and is now the majority owner	
il Schepens will retain 4000 shares of the	original 10,000 issued.	_
		_
		_
		—

	07-10-2021	
The date of each amendm date this document was sign		, if other than the
Effective date if applicable	e: 7-10-21	
	(no more than 90 days o	ifier amendment file date)
	in this block does not meet the applicable ston the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was baction was not required.	were adopted by the incorporators, or board o	f directors without shareholder action and shareholder
	were adopted by the shareholders. The number/were sufficient for approval.	er of votes cast for the amendment(s)
	were approved by the shareholders through ve sided for each voting group entitled to vote seq	
"The number of vo	otes cast for the amendment(s) was/were suffic	zient for approval
by	(voting group)	·
	(voting group)	
Dated	7-21-121	
Signature		
	(By a director, president or other officer—if of selected, by an incorporator—if in the hands appointed fiduciary by that fiduciary)	
	(Typed or printed name of	٠~٤.
	(Typed or printed name of	person signing)
	VP.	
	(Title of person signing)	