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Division of Corporations

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Account Name : PERMITTING SPECIALIST OF POOD & REVERAGE

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**Bnter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. ** 100

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COR AMND/RESTATE/CORRECT OR O/D RESIGN APOVINI, INC

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COVER LETTER

| TO: Amendment Section Division of Corpor | *** | | | | |
|---|---|---|--|--|--|
| NAME OF CORPORA | ATION: APOVINI, IN | С | | | |
| | P20000011445 | 3333333. <u> </u> | | | |
| The enclosed Articles Q | Amendment and fee are su | bmitted for filing. | | | |
| Please return all corresp | ondence concerning this ma | tter to the following: | | | |
| _ | TONI DE | EDAJ | | | |
| _ | | Name of Contact Person | 1 | | |
| | APOVINI, IN | C | | | |
| _ | Firm/ Company | | | | |
| _ | 900 SW PINE ISLAND RD STE 122 | | | | |
| _ | | Address | | | |
| | CAPE CORAL, FL 33991 | | | | |
| | | City/ State and Zip Code | 3 | | |
| | DEDAJTONI002@ | 2GMAIL.COM | | | |
| | - | and for future annual report | notification) | | |
| For further information | concorning this matter, pleas | te call: | | | |
| TONI DEDAJ | | _{et (} 239 | 823-8438 | | |
| Name of | Contact Person | | de & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depe | riment of State: | | |
| 335 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 emplosed) | | |
| | ng Address | | Address | | |
| | idment Section | | ment Section a of Corporations | | |
| Division of Corporations P.O. Box 6327 | | Clifton Building | | | |
| Tallahomos, FL 32314 | | | xecutive Center Circle | | |

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Articles of Amendment to Articles of Incorporation of

| APOVINI, INC | |
|---|--|
| Cistus of Corporation as correct | ty filed with the Florida Dent, of State) |
| P20000011445 | |
| (Document Number o | of Corporation (if known) |
| resumt to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) |
| If amending more, enter the new name of the cornoration: | |
| ms must be distinguishable and contain the word "corporatio forp.," "Inc.," or Co.," or the distignation "Corp.," "Inc," or " rd "chartered," "professional association," or the abbreviation " | "Co". A professional corporation name must contain the |
| <u>Roter new mineions office address. If repolicables</u> rincipal office address <u>MUST BE A STREET ADDRESS</u>) | |
| Enter new mailing address. If applicable: (Mailing address MAY RE A POST OPPICE BOX) | |
| L'amending the registered agent and/or registered office address naw registered agent and/or the new registered office address Name of New Raristered Agent | rese in Florida, enter the name of the |
| Name of New Kartsered Asen | |
| | rees address) |
| (Fiorida str | |
| New Registered Office Address: | (Clty) Florida (7/0 Code) |

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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, Saily Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Saily Smith, SV as an Add.

| X Change | PI . | John Doe | |
|-------------------------------|------------|-------------|-------------------------------|
| X Remove | Y | Mike Iraes | |
| _X Add | <u>\$Y</u> | Sally Smith | |
| Type of Action (Check One) | This | Name | Address |
| l)Change | VP | KALECI, ALI | 900 SW PINE ISLAND RD STE 122 |
| Add | | | CAPE CORAL, FL 33991 |
| X Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | h |
| Add | | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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|---|--|
| E. If sepending or adding additional Articles. (Attach additional sheets, if necessary). (Be | enter change(a) here: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| F. If an amendment provides for an exchange provisions for implementing the amondme (if not applicable, indicate N/A) | reclassification, or consellation of issued shares, ent if not contained in the amandagest itself: |
| _ | |
| | |
| | |
| | |

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| The data of each amendment(s) a | ioption: | if other than the |
|---|--|----------------------------------|
| date this document was signed. | | |
| Biffective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this t document's effective date on the De | lock does not meet the applicable statutory filing requirements, thi partment of State's records. | s dato will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The emendment(s) was/were add by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment fficient for approval. | ent(s) |
| | roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s): | emen! |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| ъу | | |
| | (voling group) | |
| The amendment(s) was/were add action was not required. | pted by the board of directors without shareholder action and shareh | older |
| The amendment(s) was/were add action was not required. | pted by the incorporators without shareholder action and shareholder | r |
| Deted 01/05/ | 2021 | |
| | | |
| Signature | un entre de la constante de la | <u>.</u> |
| selecte | irector, president or other officer – if directors or officers have not bid, by an incorporator – if in the hands of a receiver, trustee, or other deed fiduciary by that fiduciary) | |
| | TONI DEDAJ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |

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