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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: THERMIDAS AN	IERICAS INC		
DOCUMENT NUM	IBER: P20000027227			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	TRISHA BONILLA			
		Name of Contact Perso	n	
	TTB CPA LLC			
	-	Firm/ Company		
	PO BOX 1114			
		Address		
	MCLEAN VA 22101			
		City/ State and Zip Cod	le	(O) [T]
	TRISHABONILLA@TTBCPA.COM			
	E-mail address: (to be used for future annual report notification)			75
				玉型
For further informati	on concerning this matter, plea	se call:		28.E
TRISHA BONILLA		at ( <u>305</u>	9758010	ECREINAY OF STATE TALLAHASSEE, FL
Name of Contact Person Area Code & Daytime Telephone Number		H. H		
Enclosed is a check t	or the following amount made	payable to the Florida Dep	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)	
An Dis	ailing Address nendment Section vision of Corporations D. Box 6327	Amene Divisio	Address  Ilment Section on of Corporations  entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

THERMIDAS AMERICAS INC (Name of Corporation as currently filed with the Florida Dept. of State) P20000027227 (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: 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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_ <u>X</u> Add		Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	KARO KUJANPAA	7912 Sailboat Key Blvd S
Add			UNIT 508
X Remove			South Pasadena, FL 33707
2) Change			
Add			SECRET TALLA
Remove 3 ) Change		_	
Add			6 PH 3
Remove			—————————————————————————————————————
4) Change		_	
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

E. If amending or adding additional Articles, enter change(s) here:

	loption:	, if other than the
ate this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this be ocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date vipartment of State's records.	vill not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action a	nd shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
Nov Dated	17, 2024	2024 NOV 26 PH SECRETARY OF TAILAHASSE
-	S. luce.	当治 香
Signature box	SIGN 1782PQZ2-1585KYP7	
	rector, president or other officer – if directors or officers have not been	一至 26 1
	l, by an incorporator – if in the hands of a receiver, trustee, or other court	22
	ed fiduciary by that fiduciary)	ECRETARY OF ST
	James Warren	3: 53 F STAT
	(Typed or printed name of person signing)	THE W
	Chairman of the Board	
	(Title of person signing)	<u></u>