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COĶI	<u>ER LETTER</u>
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: FIFAN INC	
DOCUMENT NUMBER: <u>P2000030713</u>	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fo	ollowing:
LOUIS Judus Name of	es Pierre
Name of	Contact Person
FIFAM	Īn/
FIFANI Firm	V Company
<u> </u>	Address Windermere Bd, St. 200
· · · · · · · · · · · · · · · · · · ·	Address
Windernar	re, FL 3 ^L 1786
City/ Sta	te and Zip Code
/	^
E-mail address: (to be used for future	o appual report politication)
E-man address. (to be used for futup	c annual report notification?
For further information concerning this matter, please call:	
Louis Jugars Pirre Name of Contact Person	at 454, 290 8130
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the	ne Florida Department of State:
Certificate of Status Certifié	Filing Fee & S52.50 Filing Fee d Copy Certificate of Status nal copy is Certified Copy d) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FIFAN	Inc						
(Name of Corp	oration as cu	<u>úrrently</u>	filed with	the Florida D	ept. of State)	
	Document Nu	mber of (Corporation	(if known)			
		}	•				
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statute	es, this Fi	lorida Prof	it Corporation	adopts the fo	ollowing ame	endment(s) to
A. If amending name, enter the new name of	the corporat	ion:					
FIFAN Inc		•				Tho	new'
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc." or "C	o. 1				reviation "C	orp., "
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>)					
							_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)						
D. If amending the registered agent and/or re new registered agent and/or the new regist			ss in Floric	la, enter the r	name of the	2024 SEP 11	FILE
Name of New Registered Agent		<u> </u> 			•	=	D
	<i>tFlo</i>	rida strev	t address)		47)	
New Registered Office Address:		<u> </u>			Florida	,	
		. 10	`ity)			(Zip Code)	
		1					
New Registered Agent's Signature, if changing							
I hereby accept the appointment as registered ag	vnt. – Lam far	miliar wii	th and acce	pt the obligati	ions of the po	sition,	
	Sima	· V D	intand to	nt, if changin			
	Signature of	wew keg	isierea Age	nı, ij changin	K		

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	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	:	<u>Addres</u> s
1) Change	\vee	Terpy Suint	Fleur 2	2625 grant (entral ave tavares FL, 32778
AddRemove			<u>(</u>	AVE tavares FL, 32778
2) Change				
Add		, ,	_	
Remove 3 Change		_		
Add		l	_	
Remove			_	
4) Change				
Add			_	
Remove			_	
5) Change				
Add			_	
Remove			_	
6) Change		_		
Add			_	
Remove				

Attach	additional sh	eets, if n	ecessary).	(Be s					
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The date of each amendment(s) adoption:	09/31,	12024	if other than the
date this document was signed.			
Effective date <u>if appli</u> cable:	09/10/2	024	
	(no more than 90 do	O(L) ivs after amendment file a	late)
Note: If the date inserted in this block does not document's effective date on the Department of S		e statutory filing requires	ments, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)		
The amendment(s) was/were adopted by the in action was not required.	ncorporators, or boar	rd of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap		mber of votes east for the	e amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting §			
"The number of votes cast for the amend	dment(s) was/were si	ufficient for approval	
by	ng group)		
tvotin	ng group)		
s. t la	· .		
Dated 09/04/2026			
		•	
Signature			
		 if directors or officers had onds of a receiver, trustee. 	
appointed fiduciary l		inds of a receiver, trustee.	of other court
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