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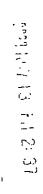
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:)UP INC. ————————————————————————————————————		
DOCUMENT NUN	IBER: P20000038730			
The enclosed Article	es of Amendment and fee are si	ibmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	Mislene Carlo			
		Name of Contact Perso	n	
	GOLDEN GATES FINANC	IAL. LLC		
		Firm/ Company		
	8200 NW 41ST Suite #200			
		Address		
	DORAL, FL 33166			
		City/ State and Zip Cod	e	
	mcarlo@goldengatesfinancia	l.com		5093 141.4
	E-mail address: (to be us	sed for future annual report	notification)	in E
For further informati	on concerning this matter, plea	se call:		
Mislene Carlo		at (<u>813</u>	285-1596	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	: ; ;
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 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

THE MOLD GROUP INC.		
(Name of Corporation as current	tly filed with the Florida Dept. of Stat	<u>e</u>)
220000038730		
(Document Number of	of Corporation (if known)	
fursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s
. If amending name, enter the new name of the corporation:		
ame must be distinguishable and contain the word "corporation," '	Summarian Company of the Company of	The new
Inc., " or Co., " or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corporation name mus	previation Corp., t contain the word
Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
·		
		<u> </u>
If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	. • • • • • • • • • • • • • • • • • • •
new registered agent and/or the new registered office address	s:	٠.٠
Name of New Registered Agent N/A		ere Come
- And the segment of		53
	reet address)	
	Florida	N/A
New Registered Office Address: N/A	(City)	(Zip Code)

Signature of New Registered Agent, if changing

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)

Add

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 <math>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:	ore, tha strij	Sman, Sr as an Maa.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u> </u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Juan Acosta	14260 SW 143rd Ct
Add			Suite 601
X Remove			Miami, FL 33186
2) Change	P	Juan Acosta	14260 SW 143rd Ct
XAdd			Suite 601 3 Miami, FL 33186 5
Remove 3.) Change			Miami, FL 33186
Add			
Remove			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
		
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		-
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		(2) -
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	- 	د. نب س
VA	- = :	_

•

77	11/01/2023	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	/01/2023	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided fi	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	2
by N/A		Ž.
V	(voting group)	espa hav 15
		- - - -
11/01/202	3	
Dated	1	::::::
Ci.,,,,,,,,,	Juan Conta	5.
Signature(By a	director, president or other officer – if directors or officers have not been	_ = 3
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	• •
арроі	nted fiduciary by that fiduciary)	
	Juan Acosta	
	(Typed or printed name of person signing)	<u></u>
	President	
	(Title of person signing)	