## P200000 41760

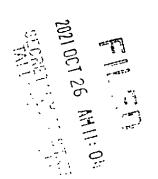
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ALOE UNIQUE U.S., INC. DOCUMENT NUMBER: P20000 41760 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KELLY LOW

Name of Contact Person Firm/ Company

11821 PALM BEACH BLVD. # 126-111

Address FORT MYERS, FLURIDA 33905

City/ State and Zip Code Kelly 10 aloe unique. US

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (330) 607 8670

Area Code & Daytime Telephone Number KELLY LOW Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$52.50 Filing Fee S35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment

## Articles of Incorporation of

FILED

ALDE UNIQUE U.S	.   NC - 2021 OCT 26 AM 11: 04; filed with the Florida Dept. of State)
(Name of Corporation as currently	filed with the Florida Dept. of State)
P20000041	760 SECRETY OF STATE
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA -	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA-
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	<del></del>
(Florida stree	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
	NA
Signature of New Reg	gistered Agent, if changing

Check if applicable

<sup>☐</sup> 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.

X Change	<u>PT</u>	John Do	<u>w</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	_	SARAH M. VAN WIE	(NEW) 4315 BELLARIA WAY = Apt. 744
Add  Remove				FORT MYEYES, FL. 33916
2) Change	VP	<del>-</del>	MELISSA VAN ASWEGEL	V 2 DHOW ST.
Add				SUN VALLEY SOUT
Remove Change		<del>_</del>		CAPETOWN, WC 7985 AFRIC
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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rovisions for imp	ovides for an excharementing the amend	ige, reciassification iment if not contain	ned in the amen	dment itself:	1
(if not applicab	le, indicate N/A)				
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The date of each amendment(s) ad	option: 10 · 19 · 2021	, if other than the
date this document was signed.		
Effective date if applicable:	10-19-2021	
	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without share	cholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the a	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast t	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
Dated 10 · 2 Signature (By a di	2-2021 MOW rector, president or other officer – if directors or officers have	e not been
selected	by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	KELLY J. LOW	
	(Typed or printed name of person signing)	
_	PRESIDENT	
	(Title of person signing)	