P20000044606

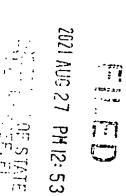
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NUGGIE PAW SE	IOP CORP	
	BER: 1/20000044606		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	SILVIA F. BAFFONE BOR	GES	
	<u> </u>	Name of Contact Person	1
	NUGGIE PAW SHOP COR	P	
		Firm/ Company	
	8912 SW 142 AVENUE AP1	T 421	
		Address	
	MIAMI, FL 33186		
	***	City/ State and Zip Code	2
For further information	on concerning this matter, please	se call: at (786	427-9667
Name of Contact Person			de & Daytime Telephone Number
	or the following amount made		•
■ \$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)
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

rporation []

NUGGIE PAW SHOP CORP

(Name of Corporation as currently file	ed with the Florida D	व्यक्ति(३:१३६)	PH 12: 53
P20000044606		· , · · ·	0=05335
(Document Number of Co	rporation (if known)		01 51612 1885, FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	ida Profit Corporation	adopts the fo	ollowing amendme
A. If amending name, enter the new name of the corporation:			The second
name must be distinguishable and contain the word "corporation," "comp "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporate ofessional corporation	d" or the abb name must	The new reviation "Corp.," contain the word
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 new registered agent and/or the new registered office address:	in Florida, enter the	name of the	
Name of New Registered Agent			
(Florida street a	address)		
New Registered Office Address:		, Florida_	
(Cir	v)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligat	tions of the po	osition.
Signature of New Regis	stered Agent, if changin	 1g	

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 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	HECTOR A. GOMEZ	8912 SW 142 AVENUE APT 421
Add			MIAMI, FL 33186
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			· .
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nal sheets, if necessary).	(Be specific)			
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f an amendme	ent provides for an exc	hange, reclassificat	tion, or cancellation	of issued shares,	
filmot ser	licable, indicate N/A)	endinent ii not con	tanca in the amen	3310,114 45,004.	
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	00/20/21	
The date of each amendment(s		, if other than
date this document was signed.	C. (0.10)	
Effective date <u>if applicable</u> :	6/20/21	
	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requ Department of State's records.	tirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the am	following statement endment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
06'20/2		
Dated		
Signature	Mic Softon	
sele	a director, president or other officer – if directors or officer cted, by an incorporator – if in the hands of a receiver, trus pinted fiduciary by that fiduciary)	rs have not been tee, or other court
	SILVIA BAFFONE BORGES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	