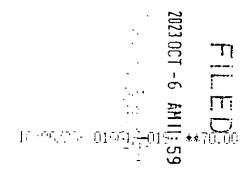
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	(Requestor's Name)
-	(Address)
	(Address)
	(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

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NAME OF CORPORATION: JUMBO BUCKS	ARCADE INC
DOCUMENT NUMBER: P20000066627	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
JESSICA YOVANA SOTE	
	Name of Contact Person
_	Firm/ Company
110 NE 2ND PLACE UNITS	3 307 AND 308
-	Address
CAPE CORAL FLORIDA 33	909
	City/ State and Zip Code
E-mail address: (to be use For further information concerning this matter, pleas	ed for future annual report notification) e call:
JESSICA YOVANA SOTELO	at (305) 30 - 1759 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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

IUMBO BUCKS ARCADE INC

JUMBO BUCKS ARCADE INC				
(Name o	of Corporation as current	ly filed with the Florida De	pt. o <u>f State</u>)	
P20000066627				
	(Document Number o	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amend	ment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The n	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	Corp," "Inc," or "Co"	A professional corporation	l" or the abbreviation "Corp.	2., "
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S	<u>TREET ADDRESS</u>)		20	
			73 00	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		you cond, Ft.	1) 1054 364-1 33909 = 3	
D. If amending the registered agent an new registered agent and/or the new	w registered office address	<u>s:</u>	 vo	-
Name of New Registered Agent	JESSICA YOVANA SOʻ	FELO		
	110 NE 2ND PLACE UN	ITS 307 AMD 308		
	(Florida st	reet address)		
New Registered Office Address:	CAPE CORAL		. Florida 33909	
New Registered Office Mudress.	-	(City)	(Zip Code)	_
New Registered Agent's Signature, if c				
Thereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligati	ons of the position.	
	Signature of New I	Registered Agent, if changins	·	
Check if applicable The amendment(s) is/are being filed p				

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)

Example:

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	\underline{PT}	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	EYAD F. NWERAN	125 DEL PRADO BLVD N	
Add			CAPE CORAL, FLORIDA 33909	
XX Remove 2) Change	Р	JESSICA YOVANA SOTELO	3552 CEITUS PARKWAY	
XX Add			CAPE CORAL, FLORIDA 33991	
Remove 3) Change		<u></u>		
Add				
Remove 4) Change				
Add				
Remove 5) Change				
Add			<u> </u>	
Remove				
6) Change Add				
Remove				

	eets, if necessary). (Be s	specific)			
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an amendment	rovides for an exchange,	reclassification, o	or cancellation of	issued shares,	
	lementing the amendmen	at ii not containe	<u>o in the amenome</u>	ent itseit:	
rovisions for im	ne, marcare (v/20)				
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The date of ead	ch amendment(s) adoption:, if other than the ent was signed.
Effective date j	f applicable:
-	(no more than 90 days after amendment file date)
	ite inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the betive date on the Department of State's records.
Adoption of A	mendment(s) (<u>CHECK ONE</u>)
☐ The amendn action was n	nent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder of required.
	hent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.
	nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):
"The n	number of votes cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
	OCTOBER 5, 2023 Dated
	Signature/1068s Solche
	(By a director, president or other officer – if directors or officers have not been / selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JESSICA YOVANA SOTELO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)