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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	WAGYU	MASTER US	A, Inc.
NAME OF CORPORATION: DOCUMENT NUMBER:	P20	0000 78822	
The enclosed Articles of Amendm	ent and fee are sub	omitted for filing.	
Please return all correspondence co	-	-	
	AYAI	CO SEKIGU	C H
	WAGYU	Name of Contact Person MASTER US	A, Inc.
	8615 N	Firm! Company VW 64 ST U	Init 1
	Miami	Address FL 33166 City/ State and Zip Code	
		City/ State and Zip Code	e O
<u> </u>	oshida.n	vagyuma stev	Ogmail.com
E-mail	address: (to be use	ed for future annual report	notification)
For further information concerning	this matter, pleas	e call:	
		at (_)
Name of Contact Po	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	ng amount made p	payable to the Florida Depa	artment of State:
	75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation

<u>led with the Florida Dep</u>	t. of State)			
TAX NO:	85-	34.	2 X	752
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rida Profit Corporation ac	Jopts the fol	lowing a	ımendı	ment(s)
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☐ 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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change	Title	Name Hipaki Ajro	Address 8615 NW 6457
Add Remove 2) Change Add	<u>_P</u>	Ayako Sokiguchi	Miami, FL 33166 8615 NW 64 ST Miami, FL 33166
Remove 3) Add		· · · · · · · · · · · · · · · · · · ·	
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The date of each amendment(s) adop	tion:		2024	, if other than the
date this document was signed.	JUNE	5	2024	
Effective date <u>if applicable</u> :			r amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar		icable statu	tory filing requirements, this da	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopte action was not required.	d by the incorporators, or	board of di	rectors without shareholder acti	on and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffic		ie number c	of votes cast for the amendment	(s)
☐ The amendment(s) was/were approvemust be separately provided for each				ent
"The number of votes cast for			nt for approval	
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DatedJU	NE 24, 2024	- -		
Signature	NE 24, 2024			
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