## P20000084418

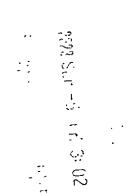
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## **COVER LETTER**

TO: Amendment Section Division of Corpor				
NAME OF CORPORA	22.000	d Capital	, Inc.	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
_	Martin Tiered 552 Orlan	Name of Contact Person  Capital,  Firm/ Company  Address  Address  City/ State and Zip Cod	Ave. 2809	
_	E-mail address: (to be us	sed for future annual report	notification)	5.53
For further information	concerning this matter, pleas	se call:		SI
Martin Name of	CFlynn, Jr	at (407 Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	ب - : - د - : - ۲
\$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)	
·	ng Address		Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

Articles of Incorporation	
Tiered Capital Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P2000084418	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation:	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co "chartered," "professional association," or the abbreviation "P.A."	viation "Corp.," main 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 in Florida, enter the name of the new registered agent and/or the new registered office address:	5729 SET
Name of New Registered Agent	<u> </u>
(Florida street address)	ب ب
New Registered Office Address:, Florida	Cin Codel
	<b>,</b>
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positions.	ion.
Signature of New Registered Agent, if changing	
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example:

X Change	PT Joh	hn Doe		
X Remove	<u>V</u> <u>Mi</u>	ike Jones		
X Add	<u>SV</u> <u>Sa</u>	lly Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				25. 175 663
Add				互.
Remove			· ·	٠ί).
4) Change				1.1.1.3. 1.1.1.3.
Add			··	NE C
Remove	,			171
5) Change				
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Remove		,		
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Remove				

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				<u> </u>
				71
an amendment pro	vides for an exchange,	reclassification, or cand	cellation of issued shares.	
(if not applicable	menting the amendments, indicate N/A)	it if not contained in the	e amendment itself:	
			<del> </del>	: بانت
			Inc. authorized	d a
tal of 10	20,000 sha	res.		
	<del></del>			
			horized share	s from
000,00	to 250,00	10 shaves	·	
		. —	· · · · · · · · · · · · · · · · · · ·	

DocuSign Envelope ID: 6180156A-8D89-419E-8EEA-7DF8679657B6	
The date of each amendment(s) adoption: 8/29/2023 date this document was signed.	, if other than the
Effective date if applicable: 8/20/2023  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and agtion was not required.	i shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated	
Occusioned by:	
Signature  (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)	
Marty C. Flynn	7723 
(Typed or printed name of person signing)	St.
Authorized agent	ţ,
(Title of person signing)	
	3: 02 - AT
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