Peter 5551

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: 3F INVESTMENT	r GROUP, INC.			
	BER: P20000085831				
	s of Amendment and fee are su	abmitted for filing.		_	
Please return all corre	espondence concerning this ma	utter to the following:			
	Day Laffita				
	· · ·	Name of Contact Pers	on		→
	3F INVESTMENT GROUP.	INC.			
	·	Firm/ Company	- · · •		-
	8135 NORTHWEST 33RD S	STREET			
		Address	·		-
	DORAL, FL 33122				:
		City/ State and Zip Co	de		_
	laffitad@3figroup.com				f(3) f(2)
	E-mail address: (to be us	sed for future annual repor	rt notification)	<u> </u>	PH
For further information	on concerning this matter, pleas	se call:		STATE	1 3: 16
Day Laffita		786 at (7685808		
Name	of Contact Person		ode & Daytime Telephor	ie Numbe	er
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	partment of State:		
S35 Filing Fee	S43.75 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)	s	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suit	e 810	

Articles of Amendment to Articles of Incorporation of

3F INVESTMENT GROUP, INC.

(Name	of Corporation as current	ly filed with the Florida Dept. of State)	
P20000085831			
dia i	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," σr "Co". $arphi$	company," or "incorporated" or the abbrev 4 professional corporation name must co	The new viation "Corp.," intain the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
			<u>;</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		THE CHARLES	<u> </u>
D. If amending the registered agent ar new registered agent and/or the ne			
Name of New Registered Agent	Maria Isabel Lossada	<u> </u>	
<u>Nume of New Registerea Algeni</u>	8135 NW 33rd Street		
	(Florida str	vet address)	
New Registered Office Address:	Doral	, Florida	22
	•	(City)	Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		: with and accept the obligations of the positi	on,
	Mundun	~_	
	Signature of New R	egistered Agent, if changing	

Check if applicable

 \blacksquare 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.

Example: 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PST	Hugo Ricardo Alonso	8135 NW 33rd Street
Add			Doral, FL 33122
X Remove			
2) Change	PST	Maria Isabel Lossada	8135 NW 33rd Street
X Add			Doral, FL 33122
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			ta Po
Remove			
6) Change			<u> </u>
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary).— (Be specific)			
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares.			
provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)			
			_
			_
			_
			_
			

	08/14/2024				
The date of each amendment(s)	adoption:				, if other than th
date this document was signed.					
	/14/2024				
Effective date <u>if applicable</u> :	(no more th	han 90 days after an	andmont tile data		
	(no more th	ian vo aays ajier an	ienament juv aate)	1	
Note: If the date inserted in this document's effective date on the I	block does not meet the a Department of State's recor	applicable statutory rds.	filing requirement	s, this date	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
The amendment(s) was/were action was not required.	dopted by the incorporators	s, or board of direct	ors without shareho	older action :	and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were:		. The number of vo	tes east for the am	endment(s)	
☐ The amendment(s) was/were approveded for					
"The number of votes cas	st for the amendment(s) wa	is/were sufficient fo	r approval		
bv			.,		:
· ————————————————————————————————————	(voting group)		<u> </u>	, -	•
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Dated Ob-	14-5094			(A) (C)	
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C:	Mille	J., W.		E S	ين السا
Signature	director, president or other		rc		
	ed, by an incorporator – if				9
	nted fiduciary by that fiduc		correr, trastee, or c	mer court	
,	• •				
	Maria Isabel Lossada				
	(Typed or pri	nted name of person	ı signing)		 -
	President				
	(Title of perso	nn sionino)	_ _ _		