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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ Fischman Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chad Fischman Name of Contact Person Firm/ Company 804 Old Dixie Hwy, Suite 3 Address Lake Park, FL 33403 City/ State and Zip Code chad@fischmanasphalt.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chad Fischman Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

Fischman Inc.					
(Name o	of Corporation as currently	filed with the Florida	Dept. of State)		
P20000091717					
	(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this FI	lorida Profit Corporatio	on adopts the following	ig amendment	(s) to
A. If amending name, enter the new na	ame of the corporation:				
				The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	mpany," or "incorpora professional corporati	ted" or the abbreviati on name must contai	on "Corp" in the word	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>					
		-			
20 0 . W 11 W 1					
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)					
					
D. If amending the registered agent an	nd/or registered office addre	ss in Florida, enter the	e name of the		
new registered agent and/or the new	w registered office address:				
Name of New Registered Agent	<u> </u>			_	
	804 Old Dixie Hwy, Suite 3			_	
	(Florida stree	et address)		j. 93S 787	2 2 2
New Registered Office Address:	Lake Park		, Florida33403	ACR #	<u>></u>
	(City)		(Zip	Code = =	Đ
				- XX	_
				SECRETARY OF STATE OF	>
New Registered Agent's Signature, if of thereby accept the appointment as registered.	nanging Kegistered Agent: tered agent. I am familiar wi	ith and accept the oblig	ations of the position.		5
			- <i>•</i>	EAT Y)
				Liti C	-

Signature of New Registered Agent, if changing

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)

Remove

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	\underline{V}	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) X Change	P	FISCHMAN, CHAD M	*NEW ADDRESS BELOW*	
Add			804 Old Dixie Hwy. Suite 3	
Remove			Lake Park, FL 33403	
2) X Change	VP	FISCHMAN, CORY M	*NEW ADDRESS BELOW*	
Add			804 Old Dixie Hwy, Suite 3	
Remove 3) Change			Lake Park, FL 33403	
Add				
Remove				ے ت
4) Change				903 APR 17 NM 10: 23
Add			<u> </u>	7
Remove			ARY OF ST ALWSSEE, F	
5) Change			SEES	9 (
Add				23
Remove				•
6) Change			_	
Add				

ttach additional sheets, if necessary). (L	Be specific)						
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an amendment provides for an exchan	ge, reclassification,	or cancellation	of issued shares,		9	2023 APR	
provisions for implementing the amend (if not applicable, indicate N/A)	ment if not containe	ed in the amendi	nent itself:		ECRET	دن چور	•
					E質	PR	47
NA							1
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					HASSEE, FL	17 NM 10: 23	
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action ar	id shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
4/12/23 Dated		
Signature (Ryand	director, president or other officer – if directors or officers have not been	<u></u>
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	S 21
	Chad M Fischman	ECF TAI
	(Typed or printed name of person signing)	APR
	President	R 17 ETARY LAHAS
	(Title of person signing)	AMIO:
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		23 ATE