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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filler Office | |
| Special instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: FLu | rida Puffs, Inc. |
|--|--|
| DOCUMENT NUMBER: P21 | 100602447 |
| The enclosed Articles of Amendment and fee are st | abmitted for filing. |
| Please return all correspondence concerning this mo | ntter to the following. |
| <u> </u> | Name of Contact Person |
| 3∞ | Firm/Company |
| | Address City/ State and Zip Code |
| E-mail address: (to be u | + @ ISag(tax(PA.Com |
| For further information concerning this matter, plea | ise call: |
| Name of Contact Person | at (904() 742 - 2387 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made | payable to the Fiorida Department of State: |
| \$35 Filing Fee | ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 840 |

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

| Name of Corneration as current | If S In (. tty filed with the Florida Dept. of State) | |
|---|---|-----------------------------------|
| | 6602447 | |
| | of Corporation (if known) | |
| Pursuant to the provisions of section £07.1006. Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the follo | wing 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," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must co | iation "Corp.," ntain the word |
| B. Enter new principal office address, if applicable: | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | 1021 |
| | | 6 |
| | | N |
| C. Enter new mailing address, if a opticable: | | ، نن الألقال |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | <u> </u> |
| | | . 5 |
| D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address | | |
| Name of New Registered Agent | | |
| | | |
| (Florida s | (treet address) | |
| New Registered Office Address: | Florida | |
| | (City) | (Zip Code) |
| | | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian | <u>11:</u> with and accept the obligations of the positi | ion. |
| | | |
| Ciman and Alm | Registered Agent, if changing | |
| signature of New | покинется якет, у спапущу | |

Check if applicable

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)

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 | PT | John Doe | |
|---------------------------------------|--------------|--------------|------------------------|
| X Remove | 7. | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) 1) Change | <u>Title</u> | Nessin Kasih | Address 3001 Rex Dr. |
| Add | | | Julysonvill, FEL 32216 |
| 2) Change | | <u> </u> | |
| Add Remove Change Add | <u>P</u> | Hanna Doh, | JULYSONVILLEL 3724 |
| Remove 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change | | | |
| Add | | | |

| | g or adding additional Ai tional sheets, if necessary) | . (Be specific) | | | |
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| nravisions | dment provides for ar ex- for implementing the an | change, reclassification. | or cancellation of is: | sued shares, | |
| til not | applicable, indicate NA) | renginent it not contain | go in the amenomeni | nsen: | |
| (1) 12(2) | apprication, miletine 1971) | | | | |
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| 7/14/21 |
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| The date of each amendment(s) adoption: |
| Effective date if applicable: |
| (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. |
| 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 |
| 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) |
| (Typed or printed name of person signing) |
| (Title of person signing) |
| () the or person signing) |