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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CYCCOMON INDICATED AND AND AND AND AND AND AND AND AND AN	<u> </u>
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
COVICS V LOVICS	Person
Chacaman Inc	·
Firm/ Compai	y Rd
Address Tampa, FL 3360 City/ State and Zip	Q Code
E-mail address: (to be used for future annual r	amai Leam
For further information concerning this matter, please call:	2023 Y SECT TA
Carvs Carios at (81	SECRETALLAHAY TO AH SECRETARY TO AN SECRETARY
Name of Contact Person Are Enclosed is a check for the following amount made payable to the Florida	a Department of State:
\$35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status
Amendment Section A Division of Corporations	treet Address Imendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation \mathbf{of}

Charaman Inc.					
(Name of Corporation	as currently fil	ed with the Flor	ida Dept. of State)	·	
PAIGOCOPIAG	10				
(Documen	nt Number of Co	rporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	Statutes, this <i>Flor</i>	rida Profit Corpo	ration adopts the fol	lowing amen	dment(s) to
A. If amending name, enter the new name of the corp	poration:				
				The	new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A pr	pany," or "incorp ofessional corpo	oorated" or the abbro ration name must o	eviation "Cor contain the w	rp.," vord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	<u>(ESS</u>)				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- ? _				-
D. If amending the registered agent and/or registered	d office address	in Florida, ente	r the name of the	SECRETATIVE OF STAT	OI AVH EZUĞ
new registered agent and/or the new registered off	nice address:			\$4	0 †
Name of New Registered Agent					
				F C	တ္ င်
	(Florida street o	iddress)			24
New Registered Office Address:			, Florida		
	(Cit	v)		(Zip Code)	
New Registered Agent's Signature, if changing Regist	stered Agent:				

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	Ana L Guevara	10009 Corai Bay Rd
Add			TCMP9, FL 33047
X Remove			
2) Change			
Add			SEC 2023
Remove 3) Change			SECRETALIANI
Add			\sim \sim \sim \sim
Remove			
4) Change			TATE FL
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)		
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	TAIN OF S	2
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	当 当	(C)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	1 · · · ·	යා ූ
(у пол аррисате, такае плл)	TAIC! OF STAT AHASSEE, FL	6: 24
	بب	•

The date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
Iffective date if applicable:	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	tion and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
DatedS 1 3 3 Signature	2029 MAY TO SECRETARY TALLAHA
(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 con appointed fiduciary by that fiduciary)	HAY IO AM 8 CRETARY OF S TALLAHASSEE
(Typed or printed name of person signing)	- STATE
President	ті *
(Title of person signing)	

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