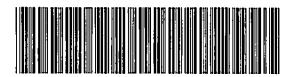
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(Re	questor's Name)	
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R. WHITE ADDIED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SWEET QUINCY	INC					
DOCUMENT NUMBER: P21000006907						
The enclosed Articles of Amendment and fee are su	bmitted for filing.	·				
Please return all correspondence concerning this ma	tter to the following:					
MOHAMMED ASKAR						
	Name of Contact Person	n				
SWEET QUINCY INC						
-	Firm/ Company					
12086 TURKEY ROOST RD)					
	Address					
TALLAHASSEE, FL 32317						
	City/ State and Zip Code	C				
hibehaskar@outlook.com						
E-mail address: (to be us	ed for future annual report	notification)				
For further information concerning this matter, pleas MOHAMMED ASKAR						
	at (
Name of Contact Person	Area Coo	de & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:				
\$35 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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303				

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P21000006907 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation: 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 abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address)		5
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V. B Iom		
V. P. C. LOW . II	(Florida straet address)	
NEW REDISTERED I Muca Address.	(* 101 lad Sir eer daaress)	
, 110103	(City)	
(City) (Zip Code)	(City)	, Florida(Zip Code)
lew Registered Agent's Signature, if changing Reshereby accept the appointment as registered agent.		corporation: corporation: corporation: corporation: corporation, ""company," or "incest," or "Co". A professional corpreviation "P.A." le: DRESS) OX) (Florida street address) (City)

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>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	MOHAMMED ABDALNABI	150 HOGUE LANDING LANE
Add			QUINCY, FL 3251
X Remove			
2) X Change	P	MOHAMMED ASKAR	12086 TURKEY ROOS ROAD
Add			TALLAHASSEE, FL 32317
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		···	
Remove			

	dding addition sheets, if neces.	sary). (Be	specific)				
							
							
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OAISTORS FOL THIE	piementing the	e amendmei	nt if not conta	ined in the ame	on or issued si endment itself:	<u>iares,</u>	
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OAISTORS FOR THIS	piementing the	e amendmei	nt if not conta	ined in the ame	on or issued sindment itself:	iares,	

•	JANUARY 14, 2021	
The date of each amendment date this document was signed		, if other than the
Effective date <u>if applicable</u> :		
_	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	t
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	8-9-21	
Signature		
(B se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	MOHAMMED ASKAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	