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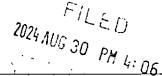
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MIGNOL CORP					
DOCUMENT NUMBER:	P21000015444					
The enclosed Articles of Amenda	ent and fee are submitted for filing.					
Please return all correspondence of	oncerning this matter to the following:					
	MARIO E JUAREZ					
	Name of Contact Person					
	MB FINANCIAL GROUP PA					
	Firm/ Company					
	7370 COLLEGE PARKWAY SUITE 301					
	Address					
	FORT MYERS, FL 33907					
<u>—</u> .	City/ State and Zip Code					
	MARIO@MBACCOUNTINGPA.COM					
E-mai	address: (to be used for future annual report notification)					
For further information concernin MARIO E JUAREZ	this matter, please call: at (239 246-9272					
Name of Contact I						
Enclosed is a check for the follow	ng amount made payable to the Florida Department of State:					
<u> </u>	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ficate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	orations Amendment Section Orivision of Corporations The Centre of Tallahassee					

Articles of Amendment to Articles of Incorporation of



MIGNOL CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

	P210000154	44		
1	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation ado	pts the fo	ollowing amendmen
A. If amending name, enter the new nan	ne of the corporation:			
N/A				TI
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co. "chartered," "professional association," o	rp," "Inc," or "Co". A			
B. Enter new principal office address, if	applicable:	26850 RED BLOSSOM CT		
(Principal office address <u>MUST BE A STI</u>		BONITA SPRINGS, FL	34135	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		26850 RED BLOSSOM CT		
	BONITA SPRING		GS, FL 34135	
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name	of the	
Name of New Registered Agent	NOLASCO MIGUEL R	ODAS		_
	26850 RED BLOSSOM	1 CT		
_	(Florida stree	t address)	_	
New Registered Office Address:	BONITA SPRINGS	,	Florida	34135
	10	ity)		(Zip Code)
New Registered Agent's Signature, if chall hereby accept the appointment as register		th and accept the obligations	of the po.	sition.
	Signature of New Rea	istered Agent, if changing		
	organian coj men neg	man and a farmer of the company		

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	<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>	<u>Name</u>	<u>Addres</u> s
1) Change	СЕОР	RODAS MIGUEL RODAS	26292 BRIDGEPORT LN
Add			BONITA SPRINGS, FL 34135
X Remove Change	СЕОР	NOLASCO MIGUEL RODAS	26850 RED BLOSSOM CT
X Add			BONITA SPRINGS, FL 34135
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additio	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific) TICLE VII - RESIGNED AS CEOP AND SHAREHOLDER MR. RODAS MIGUEL RODAS
	OP MR. NOLASCO MIGUEL RODAS EFFECTIVE AS THE DATE OF THE FILING
	MENT, BEFORE THE DIVISION OF CORPORPORATIONS.
	WENT, BEFORE THE BIVISION OF CORFORD ORATIONS.
	
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provisions fo (if not ap	ent provides for an exchange, reclassification, or cancellation of issued shares, r implementing the amendment if not contained in the amendment itself: plicable, indicate N/A) TION OF STOCKS-SHARES
OUTGOING CEG	OP SHAREHOLDER MR. RODAD MIGUEL RODAS HAS EXCHANGED THE 800 SHARES
OR THE 80% OF	THE TOTAL 1000 INITIAL ISSUED TO MR. NOLASCO MIGUEL RODAS.
MR. NOLASCO	MIGUEL RODAS IS THE ONLY SHAREHOLDER-OWNER WITH A TOTAL 100% SHARES
OR THE EQUAI	OF 1000 SHARES. A NEW SHAREHOLDER CERTIFICATE HAS BEEN ISSUED.
	

08-16-2024 The date of each amendment(s) adoption: _ , if other than the date this document was signed. EFFECTIVE WHEN PROCESS THIS DOCUMENT, BY THE DIVISION OF CORP 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 filing 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 east for the amendment(s) was/were sufficient for approval (voting group) 08-16-2024 Dated Signature (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) NOLASCO MIGUEL RODAS (Typed or printed name of person signing) CEOP

(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	MIGNOL CORP				
DOCUMENT NUMBER:	IBER:				
The enclosed Articles of Amendm	ent and fee are submit	ted for filing.			
Please return all correspondence c	oncerning this matter t	o the following:			
	N	IARIO E JUAREZ			
Name of Contact Person					
	MB !	FINANCIAL GROUT	PPA		
	- -	Firm/ Company			
	7370 COLLI	EGE PARKWAY SU	ITE 301		
		Address			
	FO	RT MYERS, FL 3390	7		
	С	ity/ State and Zip Coo	de		
	MARIO@	MBACCOUNTING	PA.COM		
E-mail	address: (to be used for	or future annual repor	t notification)		
For further information concerning	this matter, please ca	II:			
MARIO E JUAREZ		239 at (246-9272		
Name of Contact P	erson		ode & Daytime Telephone Number		
Enclosed is a check for the followi	ng amount made payal	ble to the Florida Dep	partment of State;		
	ficate of Status (A	\$43.75 Filing Fee & Certified Copy Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amen Division The C 2415	Address diment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation

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to Articles of Inc			2	_
of			1024	
MIGNOL CORP				
f Corporation as currentl	ly filed with the Florida Dept.	of State)		
P2100001	5444			74.
(Document Number o	f Corporation (if known)		, , <u>, , , , , , , , , , , , , , , , , </u>	- 1
006, Florida Statutes, this	Florida Profit Corporation add	opts the fo		
me of the corporation:				
			T	
the word "corporation." "corp." "Inc." or "Co". A or the abbreviation "P.A."	A professional corporation na	or the abbi	reviation "Cort	7., "
f annlicable:	26850 RED BLOSSOM	CT		
TREET ADDRESS)	BONITA SPRINGS, FL	. 34135		_
cable:	26850 RED BLOSSON	ſ CT		_
FFICE BUX	BONITA SPRINGS, F	FL 34135		_
				
	uses in Florida, ontouths	e of the		
d/or registered office addi registered office address		<u> </u>		
	<u>::</u>			
registered office address NOLASCO MIGUEL	E RODAS		<u>_</u>	
NOLASCO MIGUEL 26850 RED BLOSSO	E. RODAS OM CT			
NOLASCO MIGUEL 26850 RED BLOSSO	E RODAS OM CT reet address)	Florida_	34135	
1 1	of MIGNOL CO [Corporation as current] P2100001 (Document Number of the corporation: The word "corporation." "Corp." "Inc." or "Co". A cor the abbreviation "P.A." [applicable: REET ADDRESS]	MIGNOL CORP [Corporation as currently filed with the Florida Dept. P21000015444 (Document Number of Corporation (if known) 006, Florida Statutes, this Florida Profit Corporation add me of the corporation: The word "corporation." "company." or "incorporated" of orp." "Inc." or "Co". A professional corporation nator the abbreviation "P.A." [Applicable: REET ADDRESS] [Applicable: REET ADDRESS] [Applicable: 26850 RED BLOSSOM BONITA SPRINGS, FL. 26850 RED BLOSSOM BED BLOSSOM BE	MIGNOL CORP [Corporation as currently filed with the Florida Dept. of State) P21000015444 (Document Number of Corporation (if known) 006, Florida Statutes, this Florida Profit Corporation adopts the forme of the corporation: The word "corporation." "company." or "incorporated" or the abborp." "Inc." or "Co". A professional corporation name must for the abbreviation "P.A." [Applicable: 26850 RED BLOSSOM CT] BONITA SPRINGS, FL 34135	MIGNOL CORP [Corporation as currently filed with the Florida Dept. of State) P21000015444 (Document Number of Corporation (if known) 006, Florida Statutes, this Florida Profit Corporation adopts the following amend the corporation: The inche word "corporation." "company." or "incorporated" or the abbreviation "Corporation." "Inc." or "Co". A professional corporation name must contain the word the abbreviation "P.A." [applicable: [REET ADDRESS]] BONITA SPRINGS, FL 34135 [able: [FFICE BOX]

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	<u>PT</u>	<u>John Doe</u>	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEOP	RODAS MIGUEL RODAS	26292 BRIDGEPORT LN
Add			BONITA SPRINGS, FL 34135
Remove 2) Change	СЕОР	NOLASCO MIGUEL RODAS	26850 RED BLOSSOM CT
X Add		· · · · · · · · · · · · · · · · · · ·	BONITA SPRINGS, FL 34135
Remove 3) Change			
Add			
Remove			
4) Change Add	**		
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

AMENDED ARTICLE VII - RESIGNED AS CEOP AND S	HAREHOLDER MR. RODAS MIGUEL RODAS
ADDING AS CEOP MR. NOLASCO MIGUEL RODAS EF	FECTIVE AS THE DATE OF THE FILING
OF THIS DOCUMENT, BEFORE THE DIVISION OF COR	RPORPORATIONS.
	
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassifice provisions for implementing the amendment if not con (if not applicable, indicate N/A)	ntion, or cancellation of issued shares, ntained in the amendment itself:
provisions for implementing the amendment if not con (if not applicable, indicate N/A)	ntion, or cancellation of issued shares, ntained in the amendment itself:
provisions for implementing the amendment if not con (if not applicable, indicate N/A) RECLASSIFICATION OF STOCKS-SHARES	ntained in the amendment itself:
provisions for implementing the amendment if not con (if not applicable, indicate N/A) RECLASSIFICATION OF STOCKS-SHARES OUTGOING CEOP SHAREHOLDER MR. RODAD MIGU	EL RODAS HAS EXCHANGED THE 800 SHARES
provisions for implementing the amendment if not con	EL RODAS HAS EXCHANGED THE 800 SHARES MR. NOLASCO MIGUEL RODAS.

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	08-16-2024	
The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:	EFFECTIVE WHEN PROCESS TH	IS DOCUMENT, BY THE DIVISION OF CORP
	(no more than 90 d	ays after amendment file date)
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable Department of State's records.	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or boa	rd of directors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The nurre sufficient for approval.	mber of votes cast for the amendment(s)
☐ The amendment(s) was/wer must he separately provide	e approved by the shareholders throug d for each voting group entitled to vot	h voting groups. The following statement r separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were s	ufficient for approval
by		11
-, <u></u>	(voting group)	
08- Dated Signature	16-2024 M. U.L	_
(B	y a director, president or other officer- lected, by an incorporator – if in the hap pointed fiduciary by that fiduciary)	if directors or officers have not been ands of a receiver, trustee, or other court
	NOLASCO MIGUEL I	RODAS
	(Typed or printed nam	e of person signing)
	СЕОР	
	(Title of person signing	g)

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