P21000018750

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2023 JAN 10 PM 3: 39

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 1111 BEI	NJIMODE INC
DOCUMENT NUMBER: P210000	18750
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Ben	jamin Palm ume of Contact Person
FREQUENC	CY CAPITAL INC
210 N 2	12th St APT 5C
Brook	lyn NY, 11211
FrequencyCa	apitalinc@gmail.com r future annual report notification)
Benjamin Palm	at (561) 215 6254
Name of Contact Person Enclosed is a check for the following amount made payab	Area Code & Daytime Telephone Number sle to the Florida Department of State:
Certificate of Status (S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is certified Copy (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

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

FILED

2623 JAH 10 PM 3: 39

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

ALLA ASSEE, FL

(Document Number of Corporation (if known)

of section 607 1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

its Articles of Incorporation:	000, Piorida Statutes	s, this Pioriua Proja Corpor	unon adopts the following untertained
A. If amending name, enter the new nar FREQUENCY name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co" "chartered," "professional association," of the designation of the d	CAPITA he word "corporation rp," "Inc," or "Co	AL INC on, ""company," or "incorpo" o". A professional corpor	The new orated" or the abbreviation "Corp.," ation name must contain the word
B. Enter new principal office address, if (Principal office address MUST BE A ST		10002	SW 71st Ave FL 33156
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	FFICE <u>BOX</u>)	210 N APT 5	12th St
D. If amending the registered agent and new registered agent and/or the new	/or registered offic	e address in Florida, enter	
Name of New Registered Agent	BEAU	<u>PALM - REDD IN</u>	IG
-	14327 (Flor	73 rd St N	
New Registered Office Address:	Lox AH	ATCHEE (City)	, Florida <u>33470</u> (Zip Code)
New Registered Agent's Signature, if ch. I hereby accept the appointment as registe.	anging Registered , red agent. I am fan	Agent: niliar with and accept the ob	ligations of the position.
Be	Blaks	New Registered Agent, if che	
	Signature of:	New-Régistered Agent, if ch	unging

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 = ChiefExecutive 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 Doe	•		
X Remove	$\underline{\mathbf{V}}$	Mike Jones	N/A		
X Add	<u>sv</u>	Sally Smith	' (/ \		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add					
Remove					_
2) Change					
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
ΝΙ/Λ	
N/A	<u> </u>
	
	<u>-</u>
<u>, </u>	
<u> </u>	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(3 477	
N/A	

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	ely provided		the shareholders			ne following state umendment(s):	meni
"The num	per of votes of	ast for the an	nendment(s) was	were suffic	eient for approv	al	202
by		<i>(</i> 1	oting group)			_·"	JAN 10
		11/1	2023				ARY OF STATE
	(By	cted by an ir	corporator - if it	the hands			1
		1	BENJAM (Typed or print	IN ed name of	PALM person signing	·)	
		sele	Signature (By a director proselected by an inappointed fiducial	Signature (By a director provident or other of selected by an incorporator – if in appointed fiduciary by that fiduciary BENJAM	Signature (By a director provident or other officer – if of selected by an incorporator – if in the hands appointed fiduciary by that fiduciary) BENJAMIN (Typed or printed name of	Signature (By a director prosident or other officer – if directors or officer selected by an incorporator – if in the hands of a receiver, to appointed fiduciary by that fiduciary) BENJAMIN PALM (Typed or printed name of person signing)	Signature (By a director provident or other officer – if directors or officers have not bee selected by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)

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