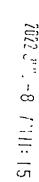
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Office Use Only



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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Birches Motor Inc.
NAME OF CORPORATION: Birches Motor Inc. DOCUMENT NUMBER: P2100020487
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ander Urkidi
Ander Urkidi Name of Contact reason Birches Motor Inc. Firm/ Company
1800 N Bayshore Dr. Apt 2312 Address
Miani, FL 33132 City/ State and Zip Code
E-mail address: (to be used for future annual report solification)
For further information concerning this matter, please call:
Ander Urkidi at (754) 236-2893 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
▼ \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

Birches M	lotor.	Inc.		2022 Juli -8	F1II: 15
(Name of Corporation a			lorida Dept. c	of State)	
P210	00020	9487			
(Document	t Number of Co	orporation (if k	nown)		
Pursuant to the provisions of section 607,1006, Florida States Articles of Incorporation:	atutes, this <i>Flor</i>	rida Profit Cor	<i>poration</i> adop	nts the following a	mendment(s) to
A. If amending name, enter the new name of the corpo	oration:				
JIA				T	he new
ame must be distinguishable and contain the word "corpo Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbreviat	r "Co". A pr	pany," or "inc rofessional cor	orporated" or poration nan	the abbreviation '	"Corp., "
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)	S	AME	NIA	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- -	۶ ۶	+m E	NIA	
2. If amending the registered agent and/or registered new registered agent and/or the new registered office Name of New Registered Agent 1800 N	ice address: UCC Bays (Florida street a	noidi hore	Dr. A.	pt2312-	
New Registered Office Address:	iam i	יי	, F	lorida <u>3313</u> (Zip Code	<u> </u>
New Registered Agent's Signature, if changing Register the hereby accept the appointment as registered agent. I am	m familiar with	and accept the	obligations o	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:

(Atlach 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:	c, and Sanj Smin	, or its im tau.	
X Change	<u>PT</u> <u>John I</u>	Doe	
X Remove	V Mike	<u>Jones</u>	
<u>X</u> Add	SV Salty S	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Ander Orkidi	1800 N Bayshore Dr Apt2312
Add			Miani FL 33132
X Remove	_		
2) Change	<u>v P</u>	Nerea Orkidi	1800 N Bayshore D- At +2312
Add			Miani, 6 L 3313 L
Remove Change	AM	Reilly Quagliano	1800 N Bayshore Dr Apt2312
Add		' '	Miami 6-6 33132
Remove			
4) Change	<u></u>	Josu Urquidi	1800 N Bayshore D-Apt 1312.
_× Add		U	Miami FL 33132
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding (Attach additional sheet)	additional Articles, s, if necessary). (Be	enter change(s) specific)	<u>here</u> :		
•					
		 	-		
		IA			
	<u>N</u>	1 ' '			
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If an amendment prov	ides for an exchange	, reclassification	, or cancellation	n of issued shares.	1
provisions for implen (if not applicable,	enting the amendme indicate N/A)	ent if not contain	ed in the amen	dment itself:	
		14			
	<i>N</i> _	1 1-4			
					<u></u>
	···				
					

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	nch amendment(s) adoption: $7/5/22$ nent was signed.	, if other than
• Effective date	if applicable:	
	(no more than 90 days after amendment file date)	
	late inserted in this block does not meet the applicable statutory filing requirements, this date w fective date on the Department of State's records.	fill not be listed as
Adoption of A	amendment(s) (<u>CHECK ONE</u>)	
The amendr	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action a not required.	nd shareholder
	ment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) eholders was/were sufficient for approval.	
	ment(s) was/were approved by the shareholders through voting groups. The following statement parately provided for each voting group entitled to vote separately on the amendment(s):	
"The i	number of votes cast for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
	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)	
	Ander Orkidi	
	(Typed or printed name of person signing)	
	President (Title of person signing)	

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