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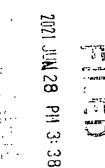
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Michelle Caldwel	I, Inc.	
	MBER: P21000021753		
	es of Amendment and fee are s	ubmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	Michelle Caldwell		
	Michelle Caldwell, Inc.	Name of Contact Perso	n
	1297 Ceylon Drive	Firm/ Company	
	Gulf Breeze, FL 32563-5436	Address 6	
		City/ State and Zip Cod	e
	esmeusa@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se cali:	
Michelle Caldwell		». (850	572-5474
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	CS52.50 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 Divisio The Co	Address ment Section n of Corporations entre of Tallahassee 8. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

	Articles of	f Incorporation		
\mathcal{M}	ichelle	<u>"caldwel</u>	1 NC.	
(<u>Name</u>	of Corporation as curr	ently filed with the Flori	da Dept. of State)	
	100	1000	105	···
		er of Corporation (if know		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, t	this <i>Florida Profit Corpor</i>	ration adopts the follo	wing amendment(s) to
A. If amending name, enter the new n	ame of the corporation	<u>:</u>		
N/A				Thenew
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	.orp," "Inc," or "Co"	. A professional corpor	orated" or the abbrev ation name must co	iation "Corp.," ntain the word
B. Enter new principal office address,	if applicable:	N/A		102/
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
				JUN 28
				PH 3:
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		U U
(Manny dans to page 11 / 11 / 11 / 11 / 11 / 11 / 11 / 11		-		ω
				
D. If amending the registered agent ar	d/or registered office a	iddress in Florida, enter	the name of the	
new registered agent and/or the new	v registered office addi	ress:		
Name of New Registered Agent	N/A			_
	(Floride	i street address)		
New Registered Office Address:	N/A		. Florida	
		(Ciŋ)		Zip Code)
New Registered Agent's Signature if a	hanning Davistand to			
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am famili	ent: ar with and accept the obj	ligations of the positic)п.
	Signature of New	v Registered Agent, if cha		<u></u>
Charle if annioghla	migramic specific	Simeres rigem, y enu	ng mg	

Check if applicable \square 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.

\underline{X} Change	<u>PT</u> ,	<u>John De</u>	<u>ne</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	V		Russell Ash	3186 Gulf Breeze Parkway
Add				Gulf Breeze, FL 32563
X Remove				
2) Change				
Add				
Remove 3.) Rhange		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
NUTION				

	112	
If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itse	<u>l shares,</u>	
(if not applicable, indicate N/A)	<u>en:</u>	
· · · · · · · · · · · · · · · · · · ·		
		
		
		
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen date this document was signed		, if other than the
Effective date if applicable:	June 23, 2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder.	action and shareholder
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)
must be separately provide	re approved by the shareholders through voting groups. The following started for each voting group entitled to vote separately on the amendment(s): s cast for the amendment(s) was/were sufficient for approval	'ement
by B	for n	
(i)	(voting group)	
June 2 Dated	13 2021	
se	y a director, president or other officer – if directors or officers have not be lected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	en ourt
	Michelle Caldwell	
	(Typed or printed name of person signing)	
	President Director	
	(Title of person signing)	