P2100029147

| (Requestor's Name) | |
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| PICK-UP WAIT MA | AIL |
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| (Business Entity Name) | • |
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| 1 Copies Certificates of Status | : |
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| al Instructions to Filing Officer: | |
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2023 JAN -6 PM 2: 08 SEGNET TY OF STATE TALLAHASSEE, FL

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COVER LETTER

: Amendment Section Division of Corporations CLODEBASE INC CUMENT NUMBER: enclosed Articles of Amendment and fee are submitted for filing. ase return all correspondence concerning this matter to the following: il address: (to be used for future annual report notification) further information concerning this matter, please call: closed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED

.10debase Inc.

2023 JAN -6 PM 2:08

| (Name of Corpora | tion as currently filed with the Florida Dept. of State) ECRE 13 THE STAN |
|--|---|
| 21000029147 | tion as currently filed with the Florida Dept. of State) ECRE (N. T. U. S. FA TALLAHASSEE, FL |
| (Doc | ument Number of Corporation (if known) |
| suant to the provisions of section 607.1006, Flor Articles of Incorporation: | da Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| If amending name, enter the new name of the | corporation: |
| ismic Brands ind | The new |
| ne must be distinguishable and contain the word | corporation," "company," or "incorporated" or the abbreviation "Corp.," c," or "Co". A professional corporation name must contain the word reviation "P.A." |
| Enter new principal office address, if applicat | |
| incipal office address <u>MUST BE A STREET A</u> | DDRESS) |
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| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | sox NIA |
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| | tered office address in Florida, enter the name of the |
| new registered agent and/or the new registere | d office address: |
| Name of New Registered Agent N/A | |
| | |
| | (Florida street address) |
| New Registered Office Address: NA | , Florida N/ H |
| • 1 | (City) (Żip Code) |
| | |
| v Registered Agent's Signature, if changing R | egistered Agent: |
| | I am familiar with and accept the obligations of the position. |
| | |
| | |
| Si | nature of New Registered Agent, if changing |
| eck if applicable | |
| The amendment(s) is/are being filed pursuant to | s. 607.0120 (11) (e), F.S. |

| tress of each Officer at tach additional sheets, as e note the officer/dir = President; V = Vice 12 cutive Officer; CFO = 2 sident, Treasurer, Diranges should be noted hange, Mike Jones leake Jones, V as Remove. | and/or D if necess vector title President Chief Fi ector wor in the fol ves the co | irector being ad ary) e by the first lette ; T= Treasurer; inancial Officer. uld be PTD. llowing manner. orporation, Sally | ded: y of the office title: S= Secretary; D= Director; TR= If an officer/director holds more to Currently John Doe is listed as to Smith is named the V and S. The | eer/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office held. The PST and Mike Jones is listed as the V. There is the should be noted as John Doe, PT as a Change, |
|---|--|--|--|---|
| ample: _Change | <u>PT</u> | John Doe | | |
| Remove | <u>V</u> | Mike Jones | | |
| Add | <u>\$V</u> | Sally Smith | | |
| pe of Action neck One) | <u>Title</u> | <u>Name</u> | | Address |
| X Change Add Remove | P | _ Sho | wn kaleky | 1333 South Octan Blud Apt 214 Pompano Beach, FZ 33062 |
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| If amending or adding additional Articles, et Attach additional sheets, if necessary). (Be s | nter change(s) here: |
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| If an amendment provides for an exchange, | reclassification, or cancellation of issued shares. |
| provisions for implementing the amendmen | nd if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| ne date of each amendment | | | if other than |
|---|---------------------|--|----------------|
| te this document was signed. feetive date <u>if applicable</u> : | N/A | | |
| | (| no more than 90 days after amendment file date) | |
| ote: If the date inserted in the cument's effective date on the | | meet the applicable statutory filing requirements, this date will notate's records. | t be listed as |
| loption of Amendment(s) | (<u>CHE</u> | CK ONE) | |
| The amendment(s) was/were action was not required. | e adopted by the in | corporators, or board of directors without shareholder action and sha | reholder |
| The amendment(s) was/wereby the shareholders was/we | | proval. | |
| | | hareholders through voting groups. The following statement toup entitled to vote separately on the amendment(s): | |
| "The number of votes | cast for the amend | ment(s) was/were sufficient for approval | |
| Shawn Kaleky | | j. | |
| , | (voting | group) | |
| 01/04/ Dated | 23 | | |
| Signature (| J | | |
| sel | • | nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court that fiduciary) | |
| | Shawn Kalek | y | |
| | (T ₂ | ped or printed name of person signing) | |
| | President | | |
| | (Ti | le of person signing) | |
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