Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000423087 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155

Phone : (305)882-1238

Fax Number : (305)882-1260

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **OBEL CORP**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu Corporate Filing Menu

Help

TO: Amendment Section

## 2023 DEC 12 AM 8: 57

## COVER LETTER

| Division of Corp                                                                               | orations                                    |                                                                                                                                            |                                                                                      |                  |
|------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|
| NAME OF CORPO                                                                                  | RATION: OBEL CORP                           |                                                                                                                                            |                                                                                      |                  |
| DOCUMENT NUM                                                                                   | P21000038855                                |                                                                                                                                            | · <u>·</u>                                                                           | _                |
| DOCUMENT NUM                                                                                   | BER:                                        |                                                                                                                                            |                                                                                      | -                |
| The enclosed Articles                                                                          | of Amendment and fee are su                 | bmitted for filing.                                                                                                                        |                                                                                      |                  |
| Please return all corre                                                                        | spondence concerning this me                | atter to the following:                                                                                                                    |                                                                                      |                  |
|                                                                                                | SUYLEN RUBIO                                |                                                                                                                                            |                                                                                      |                  |
|                                                                                                |                                             | Name of Contact Person                                                                                                                     | 1                                                                                    | <del></del>      |
|                                                                                                | OBEL CORP                                   |                                                                                                                                            |                                                                                      |                  |
|                                                                                                |                                             | Firm/ Company                                                                                                                              |                                                                                      |                  |
|                                                                                                | 11718 SW 107 TER                            |                                                                                                                                            |                                                                                      |                  |
|                                                                                                |                                             | Address                                                                                                                                    |                                                                                      | <del></del> .    |
|                                                                                                | MIAMI FL 33186                              |                                                                                                                                            |                                                                                      | <br>منز          |
|                                                                                                |                                             | City/ State and Zip Code                                                                                                                   | E                                                                                    | t                |
|                                                                                                |                                             |                                                                                                                                            |                                                                                      | 100 C. T. 100 C. |
|                                                                                                | E-mail address: (to be u                    | sed for future annual report                                                                                                               | notification)                                                                        | - <u>G</u>       |
|                                                                                                |                                             |                                                                                                                                            |                                                                                      | ξ. 1.<br>( . 1.) |
| For further informatio                                                                         | n concerning this matter, plea              | se call:                                                                                                                                   |                                                                                      | <u>-11</u>       |
| SUYLEN RUBIO                                                                                   |                                             | at ( 305                                                                                                                                   | ) 619-1994<br>dc & Daytime Telephone N                                               |                  |
| Name                                                                                           | of Contact Person                           | Area Co                                                                                                                                    | de & Daytime Telephone N                                                             | umber            |
| Enclosed is a check for                                                                        | r the following amount made                 | payable to the Florida Depa                                                                                                                | artment of State:                                                                    |                  |
| S35 Filing Fee                                                                                 | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                                                                           | S52.50 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 |                                             | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, PL 32303 |                                                                                      |                  |

## Articles of Amendment to Articles of Incorporation of

| OBEL CORP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                               |                                         |                 |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|-----------------------------------------|-----------------|------------------------------------|
| (Name of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Corporation as currently                                            | filed with the Florida Dep    | t. of State)                            | ··········      |                                    |
| P21000038855                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                               |                                         |                 |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Document Number of                                                 | Corporation (if known)        |                                         |                 |                                    |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 006, Florida Statutes, this I                                       | florida Profit Corporation a  | dopts the followin                      | ig amendi       | ment(s) to                         |
| A. If amending name, enter the new nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ne of the corporation:                                              |                               |                                         |                 |                                    |
| 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:                                                         |                               |                                         | 2(              |                                    |
| (Principal office address MUST BE A STI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                               | =                                       | 23              | _                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                               | - 2.                                    | <del>-</del> Fi | <u></u>                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                               | <u> </u>                                |                 | . <del></del>                      |
| C. Enter new mailing address, if applica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | uhte:                                                               |                               |                                         | 2               | 7                                  |
| (Mailing address MAY BE A POST O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                               | <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u> | <u> </u>        | ું કર્યું<br>ભા <del>સ્થક</del> રા |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                               |                                         | ထဲ              |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                               |                                         | <del>- 0</del>  | -                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                               |                                         |                 | -                                  |
| D. If amending the registered agent and new registered agent and/or the new registered agent age |                                                                     |                               | me of the                               |                 |                                    |
| Name of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                               |                                         |                 |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                               |                                         | -               |                                    |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Florida stre                                                       | et address)                   |                                         | -               |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (z · • · · · · · · · · · · · ·                                      | ••••••                        |                                         |                 |                                    |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | Ci(y)                         | , Florida                               | Cude)           | -                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | '                                                                   | C1())                         | (Eip (                                  | JORIE           |                                    |
| New Registered Agent's Signature, if cha I hereby accept the appointment as register                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | i <mark>nging Registered Agent:</mark><br>ed agent. I am familiar w | ith and accept the obligation | s of the position.                      |                 |                                    |
| ******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature of New Re                                                 | gistered Agent, if changing   |                                         | -               |                                    |
| Charlest annuals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>-</del> '                                                      | _                             |                                         |                 |                                    |
| Check if applicable  The amendment(s) is/are being filed pure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | suant to s. 607.0120 (11) (                                         | د), 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 D         | <u>oe</u>            |                         |             |
|-------------------------------|------------|----------------|----------------------|-------------------------|-------------|
| X Remove                      | <u>v</u>   | Mike Jo        | <u>ones</u>          |                         |             |
| X Add                         | <u>\$V</u> | <u>Şally Ş</u> | <u>mith</u>          |                         |             |
| Type of Action<br>(Check One) | Title      |                | Name                 | Address                 |             |
| 1) Change                     | P          | _              | SUYLEN RUBIO SUAREZ  | 1393 W 42 ST            |             |
| Add                           |            |                |                      | HIALEAH FL 33012        |             |
| X Remove                      |            |                |                      | 2023                    |             |
| 2) X Change                   | P          | _              | OBEL CORCHO MALGREJO | 11718 SW 107 TER 2 DF 8 | , <u>A.</u> |
| Add                           |            |                |                      | MIAMI FL33186           | -53553      |
| Remove 3) Change              | ····       | _              |                      | Σς: <u>Α</u>            |             |
| Add                           |            |                |                      |                         |             |
| Remove                        |            |                |                      | <del></del>             |             |
| 4) Change                     |            | <del></del> -  | <u> </u>             |                         |             |
| Add                           |            |                |                      |                         |             |
| Remove                        |            |                |                      |                         |             |
| 5) Change                     |            | _              |                      |                         |             |
| Add                           |            |                |                      |                         |             |
| Remove                        |            |                |                      |                         |             |
| 6) Change                     |            |                |                      |                         |             |
| Add                           |            |                |                      |                         |             |
| Remove                        |            |                |                      |                         |             |

| 2023 DEC 1.2 AH 8: 57  SCHOOL 12 AH 8: 57  If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NM) | amendment provides for an exchange, reclassification, or cancellation of issued shares, issons for implementing the amendment if not contained in the amendment itself: | ach additional sheets, if nacessary). (Be specific)                                    |                             |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------|---|
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                             | amendment provides for an exchange, reclassification, or cancellation of issued shares, issons for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                             | amendment provides for an exchange, reclassification, or cancellation of issued shares, issons for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                             | amendment provides for an exchange, reclassification, or cancellation of issued shares, issons for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                             | amendment provides for an exchange, reclassification, or cancellation of issued shares, issons for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                               | amendment provides for an exchange, reclassification, or cancellation of issued shares, issons for implementing the amendment if not contained in the amendment itself: |                                                                                        | ·                           | — |
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                              | amendment provides for an exchange, reclassification, or cancellation of issued shares, issons for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                               | amendment provides for an exchange, reclassification, or cancellation of issued shares, isjons for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             | _ |
| fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                               | amendment provides for an exchange, reclassification, or cancellation of issued shares, isjons for implementing the amendment if not contained in the amendment itself: |                                                                                        | <u> </u>                    |   |
| fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                               | amendment provides for an exchange, reclassification, or cancellation of issued shares, issons for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                               | amendment provides for an exchange, reclassification, or cancellation of issued shares, isjons for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                               | amendment provides for an exchange, reclassification, or cancellation of issued shares, isjons for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                               | amendment provides for an exchange, reclassification, or cancellation of issued shares, isjons for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                               | amendment provides for an exchange, reclassification, or cancellation of issued shares, isjons for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                               | amendment provides for an exchange, reclassification, or cancellation of issued shares, isjons for implementing the amendment if not contained in the amendment itself: |                                                                                        | 207                         |   |
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                              | amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             | — |
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                              | amendment provides for an exchange, reclassification, or cancellation of issued shares, isjons for implementing the amendment if not contained in the amendment itself: |                                                                                        | F 6                         |   |
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                              | amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                              | amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: |                                                                                        | 7                           |   |
| an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                                | amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: |                                                                                        | S                           | _ |
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                              | amendment provides for an exchange, reclassification, or cancellation of issued shares, is is for implementing the amendment if not contained in the amendment itself:  |                                                                                        |                             |   |
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                              | amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: |                                                                                        | $\mathbb{C}_{\mathbb{R}^n}$ | ) |
| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:                                                                              | nmendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: |                                                                                        |                             |   |
| provisions for implementing the amendment if not contained in the amendment itself:                                                                                                                                                                           | isions for implementing the amendment if not contained in the amendment itself:                                                                                         |                                                                                        |                             | , |
| provisions for implementing the amendment if not contained in the amendment itself:                                                                                                                                                                           | isions for implementing the amendment if not contained in the amendment itself:                                                                                         |                                                                                        |                             |   |
| provisions for implementing the amendment if not contained in the amendment itself:                                                                                                                                                                           | isions for implementing the amendment if not contained in the amendment itself:                                                                                         |                                                                                        |                             |   |
| provisions for implementing the amendment if not contained in the amendment itself:                                                                                                                                                                           | isions for implementing the amendment if not contained in the amendment itself:                                                                                         |                                                                                        |                             |   |
| provisions for implementing the amendment if not contained in the amendment itself:                                                                                                                                                                           | isions for implementing the amendment if not contained in the amendment itself:                                                                                         |                                                                                        |                             |   |
| provisions for implementing the amendment if not contained in the amendment itself:                                                                                                                                                                           | isions for implementing the amendment if not contained in the amendment itself:                                                                                         | an amendment provides for an exchange, reclassification, or cancellation of issued sha | res.                        |   |
| (if not applicable, indicate N/A)                                                                                                                                                                                                                             | if not applicable, indicate N/A)                                                                                                                                        | rovisions for implementing the amendment if not contained in the amendment itself:     | <u></u>                     |   |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                         | (if not applicable, indicate N/A)                                                      |                             |   |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                                                                                        |                             |   |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                                                                                        |                             |   |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                                                                                        |                             |   |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                                                                                        |                             | _ |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                                                                                        |                             |   |
|                                                                                                                                                                                                                                                               | <u></u>                                                                                                                                                                 |                                                                                        |                             |   |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                                                                                        |                             |   |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                                                                                        |                             |   |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                                                                                        |                             | — |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                                                                                        |                             |   |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                         |                                                                                        |                             | _ |

|                                                                                  | tion:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _, if other than the |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| date this document was signed.  Effective date if applicable:                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |
| Directive once it appreciate.                                                    | (no more than 90 days after amendment file date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |
| Note: If the date inserted in this block document's effective date on the Depart | c does not meet the applicable statutory filing requirements, this date will tement of State's records.                                                                                                                                                                                                                                                                                                                                                                                                           | not be listed as the |
| Adoption of Amendment(s)                                                         | (CHECK ONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |
| The amendment(s) was/were adopte action was not required.                        | d by the incorporators, or board of directors without shareholder action and s                                                                                                                                                                                                                                                                                                                                                                                                                                    | hareholder           |
| ☐ The amendment(s) was/were adopte<br>by the shareholders was/were suffice       | d by the shareholders. The number of votes cast for the amendment(s) tient for approval.                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
| "The number of votes cast for by                                                 | the amendment(s) was/were sufficient for approval  (voting group)  (voting group) | 2023 DEC 12 AM 8: 57 |
| PR                                                                               | (Typed or printed name of person signing) ESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
|                                                                                  | (Title of person signing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |