P21000043188

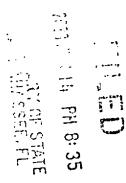
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R. HUNT Ob/14/23

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO		12 COKI,		
OCUMENT NUM	P21000043188 BER:	,		
The enclosed A rticle	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Elijah Rivera			
	IOR INVESTMENTS CORP	Name of Contact Person	1	
	19046 Bruce B Downs Blvd S	Firm/ Company Suite 120		- 3
	Tampa, FL 33647	Address		五年
	rivera_tax@yahoo.com	City/ State and Zip Code	2	CHESTAT
For further informati	E-mail address: (to be us on concerning this matter, pleas	sed for future annual report se call:	notification)	, ,,,
Elijah Rivera	, ,	813 at (694-9797	
Name	of Contact Person		de & Daytime Telephone Nu	ımber
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 81 assee, FL 32303	0

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren P21000043188	tly filed with the Florida Dept. of State)
	of Corporation (if known)
(Document Number	of Corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: EBR Capital Inc.	The new.
name must be distinguishable and contain the word "corporation,"	"company," or "incorporated" or the abbreviation "Corp., ":
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co".	A professional corporation name must confiden the word
"chartered," "professional association," or the abbreviation "P.A	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	(2) 至 (1)
	To w
C. Enter new mailing address, if applicable:	THE U
(Muiling address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	ss:
Name of New Registered Agent	
(Florida s	street address)
(7.00.000.)	sycti titus essy
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position.
. The contraction in approximation and experience again. I am familia	which was the management of the production of th
Signature of New	Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u> Mgr	Name Israel Rivera	Address 19046 BRUCE B DOWNS BLVD
1) Change Add *			TAMPA, FL 33647
* Remove * Change	P	Elijah Rivera	TAMPA, FL 33647
Add Remove 3) Change			
Add Remove 4) Change Add			
Remove 5) Change Add	***************************************		PIL 8: 35
Remove 6) Change Add Remove			

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f an amendment provides for an exchange, reclassification, or cancellation	an of issued shares
provisions for implementing the amendment if not contained in the amen	ndment itself:
(if not applicable, indicate N/A)	

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The date of each amendment(s) adoption:	, if other than				
date this document was signed. June 1, 2023					
ffective date <u>if applicable</u> : (no more than 90 days after amendment file date)					
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as				
Adoption of Amendment(s) (CHECK ONE)					
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	n and shareholder				
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.)				
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	u Eg				
"The number of votes cast for the amendment(s) was/were sufficient for approval					
by	a chia symmetri A mana symmetri A mana y				
(voting group)					
Dated 693	PH 8: 35				
Signature (By a director, president or other officer if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)					
(Typel or printed name of person signing)					
(Typed of printed name of person signing)					
<u> </u>					
(Title of person signing)					

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