## P21000056346

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certificates of Status                  |
| Special Instructions to Filing Officer: |
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Office Use Only



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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO  | RATION: BAY TO BAY GR                       | OUP INC  |  |                 |
|--|---|--|--|-----------------|
|  | BER: P21000056346                           |  |  |                 |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.  |  |                 |
| Please return all corre  | espondence concerning this ma               | tter to the following:   |  |                 |
|  | IVA NALLBANI                                |  |  |                 |
|  | Name of Contact Person                      |  |  |                 |
|  |   | Firm/ Company  |  |                 |
| 13575 58TH ST NORTH, #187  |   |  |  |                 |
|  | Address                                     |  |  |                 |
| CLEARWATER FL 33760  |   |  |  |                 |
|  | City/ State and Zip Code                    |  |  |                 |
|  | IVA@BAYTOBAYGROUP.COM                       |  |  | 70 2            |
|  | E-mail address: (to be us                   | ed for future annual report  | notification)  |                 |
| For further information  | on concerning this matter, pleas            | se call:   |  | SECRETARY SERTE |
| IVA NALLBANI   |   | at (   | 352-7909   | 9. 1            |
| Name of Contact Person   |   | Area Co  | de & Daytime Telephone Number  | — 二計 0          |
| Enclosed is a check for  | or the following amount made                | payable to the Florida Depa  | artment of State:  |                 |
| S35 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 |   | Amend<br>Divisio   | Address<br>ment Section<br>n of Corporations<br>entre of Tallahassee                   |                 |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BAY TO BAY GROUP INC

| (Name of Corporation as cur   | rrently filed with the Florida Dept, of State)   |
|---|--|
| P21000056346  |  |
| (Document Nur   | nber of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006. Florida Statutes its Articles of Incorporation:                       | s, this Florida Profit Corporation adopts the following amendment(s)   |
| A. If amending name, enter the new name of the corporation  | on:  |
| N/A   | The new  |
|   | on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable:   | N/A  |
| (Principal office address MUST BE A STREET ADDRESS )  |  |
|   |  |
|   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                               | N/A  |
|   |  |
|   | \$ 28  |
|   |  |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad |  |
| N/A   |  |
| Name of New Registered Agent  | rida street address)   |
|   |  |
| (Flor   | rida street address) FAT 5   |
| 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 fam   | niliar with and accept the obligations of the position.  |
|   |  |
|   |  |
| Signature of 8  | 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> <u>Joh</u> | nn Doe            |                        |
|-------------------------------|----------------------|-------------------|------------------------|
| X Remove                      | <u>V</u> <u>Mil</u>  | ke Jones          |                        |
| X Add                         | <u>SV</u> <u>Sal</u> | ly Smith          |                        |
| Type of Action<br>(Check One) | <u>Title</u>         | <u>Name</u>       | Address                |
| 1) Change                     | CFO                  | IVA NALLBANI      | 3137 TEAL TERRACE      |
| X Add                         |                      |                   | SAFETY HARBOR FL 34695 |
| Remove                        |                      |                   |                        |
| 2) Change                     | <u></u>              | GRISELDO NALLBANI | 2009 FOREST DR         |
| X Add                         |                      |                   | CLEARWATER FL 33763    |
| Remove 3 ) Change             |                      |                   |                        |
| Add                           |                      |                   |                        |
| Remove                        |                      |                   | TCC 23                 |
| 4) Change                     |                      |                   | EC C. T. LLAND         |
| Add                           |                      |                   |                        |
| Remove                        |                      |                   | AM 9: 16               |
| 5) Change                     |                      |                   | - FTE - 5              |
| Add                           |                      |                   |                        |
| Remove                        |                      |                   |                        |
| 6) Change                     |                      |                   |                        |
| Add                           |                      |                   |                        |
| Remove                        |                      |                   |                        |

| Attach additional sheets, if necessary). (Be specific)                                       |                     |
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| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, | ري<br><del>دي</del> |
| provisions for implementing the amendment if not contained in the amendment itself:          | SECRETA             |
| (if not applicable, indicate N/A)  | 三倍                  |
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|   | N/A  |                           |
|---|--|---------------------------|
| The date of each amendment(s)   | adoption:  | , if other than the       |
| date this document was signed.  |  |                           |
| N/<br>Effective date <u>if applicable</u> :                           | A  |                           |
| Encetive date <u>ii appireable</u> .                                  | (no more than 90 days after amendment file date)   |                           |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requirements, this date Department of State's records.   | will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK_ONE</u> )   |                           |
| The amendment(s) was/were ac<br>action was not required.              | dopted by the incorporators, or board of directors without shareholder action  | and shareholder           |
| The amendment(s) was/were ac<br>by the shareholders was/were s        | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.   |                           |
| ☐ The amendment(s) was/were ap<br>must be separately provided fo      | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):   |                           |
| "The number of votes cas  | at for the amendment(s) was/were sufficient for approval   |                           |
| by  |  |                           |
|   | (voting group)   |                           |
| 07/12/202<br>Dated  | 3  |                           |
| Signature   | ( Polise Ca  |                           |
| selecto   | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |                           |
|   | KLEJDI POLOSKA   |                           |
|   | (Typed or printed name of person signing)  |                           |
|   | PRESIDENT  |                           |
|   | (Title of person signing)  |                           |

2023 JUL 17 MH 9: 16 SECRETATOR OF STATE TALLAHAL SEE, FL