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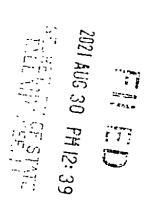
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A. Butter

COVER LETTER

TO: Amendment Section Division of Corpo			·	
NAME OF CORPOR	Nelsifet Corp			
P21000073670 DOCUMENT NUMBER:				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
î	Nelson del Valle Perez			
-	Nelsifet Corp	Name of Contact Perso	n	
-	2255 Banyan Lake Cir	Firm/ Company		
- \	West Palm Beach, FL 33415	Address	•	
-		City/ State and Zip Cod	e	
r	nelson.delvalleperez@gmail.e	com		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Nelson del Valle Perez		561 at (2-48-6-443	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment Articles of Incorporation

Nelsifet Corp. (Name of Corporation as currently filed with the Florida DenteofiState) PH 12: 39 P21000073670 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amen its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Nelsifit Corp name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Cor "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the v "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: __, Florida_ (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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. 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 = C Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office. 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 F. The 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 Che Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: PT John Doe X Change X Remove \underline{V} Mike Jones \underline{X} Add SVSally Smith Type of Action <u>Address</u> <u>Title</u> <u>Name</u> (Check One) 1) ____ Change Add ____ Remove 2) ___ Change ___ Add ____Remove 3) ___ Change ____ Add ____ Remove 4) ____ Change ____ Add ____ Remove *5)* ____ Change ____ Add Remove

6) ____ Change

____ Add

____ Remove

. If amending or adding additional Article (Attach additional sheets, if necessary).	(Re specific)
(Mach dadamma sneets, if necessary).	(ne specific)
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(9	
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The date of each amendment(s) add date this document was signed.	option:, if other than
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fue date)
Note: If the date inserted in this blo document's effective date on the Dep	artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	
•	(voting group)
08/26/2021	
Dated	
<u> </u>	
Signature V20	
(By a dir	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
	d fiduciary by that fiduciary) Jelson del Valle Perez
<u>.</u>	enon der vane retez
_	(Typed or printed name of person signing)
P	resident
	(Title of person signing)