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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Summit Managem PRATION:	ent Corporation			
DOCUMENT NUM	P21000095564 IBER:				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	Alisha Marcotte, Esq.				
	Name of Contact Person Indeglia Lutrario				
	300 Centerville Road. Summ	Firm/ Company nit East, Suite 320			
	Warwick, RI 02886	Address			
		City/ State and Zip Cod	e		
	alisha@indeglialaw.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Alisha Marcotte, Esq.		401 at (886-9240		
Name	of Contact Person	 \	de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Dep.	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		Amend Divisio	Address Iment Section on of Corporations		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 DEC -1 AM 3: 27

SECRETARY OF STATE

(Name of Corporation as cu	irrently filed with the Fl	orida Dept. of State	, Flance
Summit Management Corporation			
(Document Nur	mber of Corporation (if kr	iowπ)	
Pursuant to the provisions of section 607,1006, Florida Statute ts Articles of Incorporation:	s, this <i>Florida Profit Cor</i>	poration adopts the f	ollowing amendment(s)
A. If amending name, enter the new name of the corporation SMC Acquisition Corporation	ion:		TI
ame must be distinguishable and contain the word "corporation Inc.," or Co.," or the designation "Corp," "Inc," or "C chartered," "professional association," or the abbreviation	o'. A professional cori	prporated" or the abb poration name must	The new previation "Corp" contain the word
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered offic	e address in Florida, ent	er the name of the	
new registered agent and/or the new registered office ad	<u>ldress:</u>		
Name of New Registered Agent			 _
(Flor	rida street address)		
New Registered Office Address:	,	E1	
new negisterea Office Address.	(City)	, Florida	(Zip Code)
ew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	Agent: viliar with and accept the	obligations of the po	sition.
Signature of N	New Registered Agent, if c	hanging	
· · ·	garara and regarme ty b	······································	
heck 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	$\underline{\mathbf{V}}$	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Ad d			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
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6) Change			
Add			
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	d sheets, if necessary).	(Be specific)			
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f an amendment	t provides for an exch	iange, reclassifica	<u>tion, or cancellati</u>	on of issued shar	es,
	mplementing the ame	ndment if not con	tained in the ame	ndment itself:	
provisions for in	cable, indicate N/A)				
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed. D	ecember 30, 2021	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	er action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen- sufficient for approval.	dment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(s	statement :):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
, <u></u>	(voting group)	
11/29/20.	21	
Dated		
Signature	Than	
selec	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or oth nted fiduciary by that fiduciary)	been er court
	Thomas H. Cousineau	
	(Typed or printed name of person signing) President	
	(Title of person signing)	