## P21000097525

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: AUZOC	INC
DOCUMENT NUMBER: Pal DOOC	262790
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
Syzz E ( Invente Damo Dan	Name of Contact Person  Firm/ Company  Address  Address  City/ State and Zip Code  for future annual report notification)
For further information concerning this matter, please of	eall:
Pam McKinny	a1(352) 344-8042
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 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, FL 32303

## Articles of Amendment Articles of Incorporation

## FILED

2021 NOV 29 PM 1:

	2021 MUY 29 PM 1: 5
ANZOA I	NC SECRETARY DE SALVE
(Name of Corporation as curre	ntly filed with the Florida Dept. of State AHASSEE. FILES
Pa100009752	5
(Document Numbe	of Corporation (if known)
`	to the Commenter whose the following amendment(s)
Pursuant to the provisions of section 607,1006, Florida Statules, the	his Florida Profit Corporation adopts the following amendment(s)
its Articles of Incorporation:	Add a . at end of Inc.
A. If amending name, enter the new name of the corporation:	Add a at end of the.
Nicion Too	The new
the state of the state of the second control	""company," or "incorporated" or the abbreviation "Corp."
"Inc.," or Co.," or the designation "Corp," "Inc. or Co.	. A projessional corporation mains
"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 i	address in Florida, enter the name of the
new registered agent and/or the new registered office add	res:
Name of New Registered Agent	Chira
7789 5.	Suncoast Blue Unit 131
· · · · · · · · · · · · · · · · · · ·	a street address)
Chanekaly) II-	nen suut authi L
New Registered Office Address: Hombson	(City) Florids (Zip Code)
	1-2
New Registered Agent's Signature, if changing Registered Ag	pent:
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
32	<del>5</del>
<u> </u>	
Signature of Ne	w Registered Agent, if changing

Check if applicable

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

P = President; V= Executive Officer;	• Vice Preside CFO = Chief l	manetal opposition of the	Partistee; C = Chairman or Clerk; CEO = Chief than one title, its the first letter of each office held.
Changes should be a change, Mike Jos	noted in the fi nes leaves the		the PST and Mike Jones is listed as the V. There is ese should be noted as Jahn Doe, PT as a Change.
Example: <u>X</u> Change	PT	John Doc	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change	P	Colin Chira	mit 131  Homowisa, PL 344L
Add			Homolassa, PL 3442
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

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:

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

(Attach additional sheets, if necessary)

Add

Remove

E. If amending o	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
(Attach addition	le Tili Original Shows
Di	Le IV: original Shares
Pu	To diverse
	cle VI: Incorporator Address Should
HV+	789 & Suncoast Blue Unit 131
<del>+</del>	omosassa, FL 34446
, ,	
<u></u>	
	the formulation of several sharet
provisions fo	ent provides for an exchange, reclassification, or cancellation of issued shares, r implementing the amendment if not contained in the amendment itself:
(if not ap	plicable, indicate N/A)

The date of each amendment(s) adoption:	Lown ber	15,2021	, if other than the
date this document was signed.			
Effective date if applicable:	(no more than 90 days after	amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutor f State's records.	ry filing requirements, this	s date will not be listed as the
Adoption of Amendment(s) (CF	IECK ONE)		
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of dire	ctors without shareholder	action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of approval.	votes cast for the amendm	ent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting g group entitled to vote separat	groups. The following sta ely on the amendment(s):	lemeni
"The number of votes cast for the ame	endment(s) was/were sufficient	for approval	
by		·"	
סיו)	ting group)		
Dated 11- 22.	91		
(By a director, pres selected, by an inc	sident or other officer - if direct corporator - if in the hands of a by by that fiduciary)	tors or officers have not be receiver, trustee, or other o	court
	Colin Chiv	م	
	(Typed or printed name of pers	on signing)	
	President		
	(Title of person signing)		