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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: SPAR ENTE	ERPRISES, INC				
DOCUMENT NUMBER: P22000017640					
The enclosed Articles of Amendment and fee					
Please return all correspondence concerning the					
Please return an correspondence concerning to	as makes to me some and				
JEROME R. MAUREF	R, JR.				
	Name of Contact Person				
MCGRAW AND MAU	JRER ACCOUNTING, INC.				
	Firm/ Company				
1216 NW 13TH STRE	ET				
	Address				
GAINESVILLE, FLOR	RIDA 32601				
	City/ State and Zip Code				
MALOS	0 1211. Q VAMOD, LOM				
E-mail address: (to	E-mail address: (to be used for future annual report notification)				
For further information concerning this matter	r, please call:				
JEROME MAURER	at (352) 374-6789 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee S43.75 Filing Fe Certificate of St					
Mailing Address Street Address					
Mailing Address Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee Street, Suite 81					
	Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation of

SPAR ENTERPRISES, INC			707 SE SA
(Name o	f Corporation as currentl	y filed with the Florida Dept. of State)	Se E
P22000017640			五四万
	(Document Number o	f Corporation (if known)	\$55.7 \$2.8 \$3.5 \$3.5 \$3.5 \$3.5 \$3.5 \$3.5 \$3.5 \$3.5
	sone El 11 Commen abin	Elected Profit Corneration adopts the fol	lowing amendme
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fol	10: 3 5:::1
A. If amending name, enter the new na	ime of the corporation:		
SHANE PARMENTER, INC,			The new
"Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp," "Inc," or "Co". A or the abbreviation "P.A."	company," or "incorporated" or the abbr A professional corporation name must o N/A	eviation "Corp., contain the word
B. Enter new principal office address, (Principal office address MUST BE A S	<u>if applicable:</u> TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the nev			
Name of New Registered Agent	N/A		
	(Florida str	reet address)	
New Registered Office Address:	N/A	, Florida	
New Registered Office namess.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar	:: with and accept the obligations of the pos	ition.
-	Signature of New R	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: XChange	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
!) Change		- -	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		- -		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
N/A	
	
	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndinent if not contained in the amendment risers.
N/A	
1977	

•	MARCH 22, 2022	, if other than the
The date of each amendment(s) date this document was signed.	adoption:	
Effective date <u>if applicable</u> :	OO L C L L L L L L L L L L L L L L L L L	
	(no more than 90 days after amendment file date)	•
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	ts, 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 shareh	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the am sufficient for approval.	endment(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	ng statement nt(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
Dated	3/22/22	
Signature	Spare farment	not have
(By a	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or	other court
арро	inted fiduciary by that fiduciary)	
	SHANE PARMENTER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	