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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	ORATION: MERELY BULLS	INC			
	MBER: P22000024630		·		
The enclosed Artic	<i>les of Amendment</i> and fee are su	bmitted for filing.			
Please r c turn all co	rrespondence concerning this ma	tter to the following:			
	JACKELINE ROHENA				
		Name of Contact Persor	1		
		Firm/ Company			
	4417 13th Street STE 545				
		Address			
	Saint Cloud, FL 34769				
		City/ State and Zip Code	ž		
	MERELYBULLS@GMAIL.	СОМ			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informa	ation concerning this matter, pleas	se call:			
JACKELINE ROF	IENA	at (407	458-6006		
Nar	ne of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a cheel	c for the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
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 to Articles of Incorporation of

MERELY BULLS INC

WIRKELT BORES INC	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
22200024630	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association." or the abbreviation "P.2	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	1184 SIMMONS RD STE M-1
Principal office address <u>MUST BE A STREET ADDRESS</u>)	KISSIMMEE FL 34744
	2023
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1184 SIMMONS RD STE M-1
	KISSIMMEE FL 34744
). If amending the registered agent and/or registered office at	ddress in Florida, enter the name of the m
new registered agent and/or the new registered office address	ess:
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
w Registered Agent's Signature, if changing Registered Age	ent:
hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the position.
Signature of New	v Registered Agent, if changing
Shoule if annihaghla	
Theck if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (e) FS

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)

Example:

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.

X Change	\underline{PT}	John Doe					
X Remove	<u>V</u>	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s				
1) X Change	VP	LUIS MARRERO	4417 13th Street STE 545				
Add			SAINT CLOUD FL 34769				
Remove 2) Change	DIR	RM ADJUSTING SERVICES LLC	1184 SIMMONS RD STE D-1				
Add			KISSIMMEE FL 34744				
Remove Change							
Add							
Remove 4) Change							
Add							
Remove							
5) Change	·						
Add Remoye							
6) Change							
Add							
Remove							

Attach ad	ing or adding ditional sheet.	s, if necessar	v). (Be spe	cific)					
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If an ame	endment prov ns for implen	<u>zides for an e</u>	exchange, red	<u>classificatio</u>	n, or cancel	<u>llation of iss</u>	itealf:		
provisio (if n	ot applicable.	indicate N/A	<u>(menament)</u> }	n not conta	mea m me a	amenament	itseir.		
\ \	upprocessors		,						
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6/27/2023	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
6/30/2023	
Effective date if applicable: (no more than 90 days after amen	idment file datej
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	
(voting group)	
Dated 6/29/2023 Signature	
(By a director, president or other officer – if directors of selected, by an incorporator – if in the hands of a rece appointed fiduciary by that fiduciary)	
JACKELINE ROHENA	
(Typed or printed name of person s	igning)
p	
(Title of person signing)	