## Paa000018487

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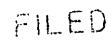
## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: eSCKlusivepma, li	ıc.	
DOCUMENT NUMI	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	JOHN HOLDER		
		Name of Contact Persor	1
	COMPLETE BUSINESS SOLUTIONS		
		Firm/ Company	
	2255 GLADES ROAD SUIT	E 324A/63	
		Address	
	BOCA RATON, FL 33431		
		City/ State and Zip Code	
	JOHNPHOLDER1@GMAIL	COM	
	•	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:at (	5084005
Name e	of Contact Person	ar { Area Co	de & Daytime Telephone Number
	r the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

## Articles of Amendment

to
Articles of Incorporation



2022 OCT 25 AM 8: 27 ESCKLUSIVE PMA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P22000028487 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "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: 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

 $\square$  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	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change	CEO	ASHLEY DAYNA	2602 LITTLE COUNTRY ROAD
Add			PARRISH, FL 34219
XX Remove			
2) Change	CEO	ASHLEY DORSEY	2602 LITLE COUNTRY ROAD
XX Add			PARRISH, FLORIDA 34219-926
Remove Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add .			
Remove			
δ)Change			
Add			<del></del>
Remove			

	icles, enter change(s) here:  (Be specific)
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n amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
n amendment provides for an exchovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
ovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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ovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
ovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.	5/2022	
Effective date <u>if applicable</u> :	5/2022	
<del></del> ;	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	·
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder acti	ion and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(ficient for approval.	(s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by N/A		
,	(voting group)	
10/25/2022		
Dated	A	
Signature	July /	
selected	rector, president or other officer - if directors or officers have not been, by an incorporator - if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	DAYNA DORSEY	
	(Typed or printed name of person signing)	<del></del>
	CEO	
	(Title of person signing)	