P22000045551

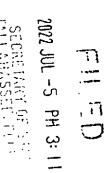
	equestor's Name)	
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(Cit	ty/State/Zip/Phone	- t n
(Oil	tyrotaterzipir none	υπ)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(De	cument Number)	
Certified Capies	Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HOF	ONE
	OCT - 7	2022

Office Use Only



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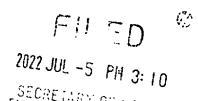
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ALFA MINDSET	INC	
	CR: <u>P22.00004</u>		
The enclosed Articles of	(Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	MARIA MADRIGAL		
_		Name of Contact Person	 n
T	AX HOUSE MIAMI		
~		Firm/ Company	
3	01 NE 79TH ST STE 2		
_		Address	
N	11AMI, FL 33138		
_		City/ State and Zip Cod	e
N	1ARIA@TAXHOUSEMIA	MI.COM	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call: at (, 502-0071
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi	ng Address dment Section on of Corporations lox 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept.



(Zip Code)

ALFA MINDSET INC

P22000045551 (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: ALPHA OMEGA MINDSET INC The new 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: __, Florida_

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	

(City)

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)

Example:

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

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	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>		
Add			
Remove			
2) Change			
Add			
Remove 3) Remove			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
51 Change			
Add			
Remove			
б) Change			
Add			
Remove			

Attach additiona	idding additional Arti I sheets, if necessary).	(Be specific)				
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						<u> </u>
<u>.</u>						
_						
 , ,						
		-				
If an amendmen	t provides for an exch	ange, reclassific	cation, or cance	ellation of issu	ed shares,	
(if not and	mplementing the ame icable, indicate N/A)	nament ii not ci	<u>piitaineo m tue</u>	amenument i	isen.	
(у посарра	cane, macae wa)					
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The date of each amendment(s) a date this document was signed	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirement partment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	npted by the incorporators, or board of directors without shareh	older action and sharcholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the artificient for approval.	nendment(s)
	oroxed by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
06 (17/202) Dated		
Signattire(By a di	rector, president or other officer - if directors or officers have	not been
	 f, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary) 	other court
	KEITH ALLAIN	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	