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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EL FUET	e mini Algiket FUC			
DOCUMENT NUMBER: P22 000 1	06323/			
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	itter to the following:			
	Za Hily Balbin			
	Name of Contact Poison			
	Mostly.			
5570 Lee 57	Firm/ Company Furt $y = 1 - 2 - 3$ Address Description: City/ State and Zip Code			
	Address			
Lewigh acm	n 33971			
Frey Te may (Le T 22) E-mail address: (to be us	@ 9ahoo · Com Sed for future annual report notification)			
For further information concerning this matter, pleas	se call:			
Zahily Balbin Name of Contact Person	at (<u>239</u>) <u>634 9089</u> . 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:			
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee			
ranamaste, filolois	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

Articles of incorporation	
El FreiTe pini Plaillet "INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 22 0000 63 23/	
(Document Number of Corporation (if known)	—
s Articles of Incorporation:	s) to
. If amending name, enter the new name of the corporation:	
FL FIRSTE Harket and Distribution INC The new	
ame 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) Lotingh Qcus 7 33971	3
Principal office address MUST BE A STREET ADDRESS	
200151 4000 16 35 771	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Jeffigh acm 72 339.76.	
FELATION CE 35/16.	
of the state of th	
1. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: Florida	
New Registered Office Address:	
lew Registered Agent's Signature, if changing Registered Agent:	
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

☐ 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:

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,

<u>X</u> Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jor	<u>ies</u>		
X Add	<u>sv</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		_		-	
Add					
Remove				_	
2) Change		_		-	
Add					
Remove 3) Change		_		-	
Add					
Remove				_	
4) Change				-	
Add				-	
Remove				_	
5) Change				_	
Add					
Remove				_	
6) Change		_			
Add	_	_		_	
Remove				-	

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (If mn applicable, indicate N/4)	
provisions for implementing the amendment if not contained in the amendment itself:	
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	

. The date of each amendment(date this document was signed.) adoption:	3/1/2023	·	, if other than
Effective date if applicable:	3/1/20	23 (no more than 90 de	iys after amendment file do	(ate)
Note: If the date inserted in the document's effective date on the	is block does not Department of S	t meet the applicabl State's records.	e statutory filing requirem	nents, this date will not be listed as
Adoption of Amendment(s)	(<u>CHE</u>	ECK ONE)		
☐ The amendment(s) was/were action was not required.	adopted by the in	ncorporators, or boa	rd of directors without shar	reholder action and shareholder
The amendment(s) was/were by the shareholders was/wer			mber of votes cast for the	amendment(s)
☐ The amendment(s) was/were must be separately provided				
"The number of votes	ast for the amend	dment(s) was/were s	ufficient for approval	
by	(votin	ng group)	····································	
DatedSignature(By	3/1/2023	artiff	- if directors or officers ha	ve not been
	cted, by an incorpointed fiduciary b		ands of a receiver, trustee, o	or other court
	(T	Typed or printed nan	ne of person signing)	
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