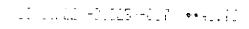
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## **COVER LETTER**

TO: Amendment Section Division of Corporations IFE GUALD IMAGING MANAGEMENT INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHAEL KASLEC For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certified Copy 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

(Additional Copy

is enclosed)

# **Articles of Amendment** to Articles of Incorporation

(Name of Corporation as cur	rently filed with the Flor	ida Dept. of State)	
6330000 100403			
(Document Num	ber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Corpe</i>	eration adopts the following am	endment(s) to
A. If amending name, enter the new name of the corporation	on:		
NA NA		The	
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 "	". A professional corpo	porated" or the abbreviation "C pration name must contain the	Corp.," word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA		<del></del> -
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		r the name of the	3
Name of New Registered Agent NH		· · · · · · · · · · · · · · · · · · ·	· ·
(Flor	ida street address)		
·	aar sireer aaar coor		,
New Registered Office Address:	(City)	, Florida, (Zip Code)	
		753 4.*	name "
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: iliar with and accept the o	bligations of the position.	

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.

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>	<u>Addres</u> s
1) Change	NA		NA
Add			
Remove			
2) Change	<del></del>		
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del> </del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	<del></del>
If an amandment provides for an avek	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
CUCRENT SHARES	; TOTAL - 100
NGW SHACES TO	DIAL - 1,000,000

.

The date of each late this documen	amendment(s) adoption: 8-31-2023 t was signed.	, if other than the
Effective date <u>if s</u>	(no more than 90 days after amendment file date)	<del></del>
	inserted in this block does not meet the applicable statutory filing requirements, this cive date on the Department of State's records.	late will not be listed as the
Adoption of Ame	ndment(s) ( <u>CHECK ONE</u> )	
The amendmer action was not	nt(s) was/were adopted by the incorporators, or board of directors without shareholder ac required.	tion and shareholder
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendmen lders was/were sufficient for approval.	nt(s)
	nt(s) was/were approved by the shareholders through voting groups. The following states attely provided for each voting group entitled to vote separately on the amendment(s):	nent
"The nun	nber of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	Signature Sub Sumum  (By a director, president or other officer – if directors or officers have not been	n
	selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)  PESIAGUT	<del>.</del>
	(Title of person signing)	<del></del>

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