P2200001012

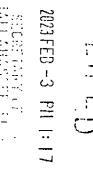
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE APR 1 1 2023				
APR 1 1 2023				

Office Use Only



500401693495

02/03/23--01021--003 **35.00



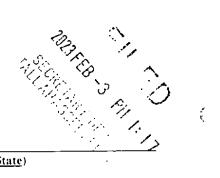
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RUDE BWOLENT	ERPRISE INC			
DOCUMENT NUME	BER: P22000067012				
	of Amendment and fee are sul	omitted for filing.			
Please return all corres	spondence concerning this mat	iter to the following:			
	THOMAS, ROMAIN				
	Name of Contact Person				
		Firm/ Company			
	4980 SW 52ND ST STE111				
	Address				
	DAVIE, FL 33314				
		City/ State and Zip Code	•		
For further informatio	n concerning this matter, plea	561	334-7585		
	of Contact Person	at (at Co)de & Daytime Telephone Number		
	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



RUDE BWOLENTERPRISE INC.

(Name of Corporation a	s currently filed with the Florida Dept. of State)
P22000067012	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
Rude Bwoi Enterprises Inc	Thenew
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered office. Name of New Registered Agent	office address in Florida, enter the name of the ice address:
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	ered Agent: m familiar with and accept the obligations of the position
Signatur	re of New Registered Agent, if changing
Charle 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: <u>X</u> Change	<u>PT</u>	John Do	<u>v</u>	
X Remove	\underline{V}	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<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				

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
If an amandment provides for an excl	hange, 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)	

	(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	08/24/2022	
	(no more than 90 days o	tier amendment file date)
Note: If the date inserted in document's effective date on t	his block does not meet the applicable state. Becards the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	e adopted by the incorporators, or board o	directors without shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The numbers sufficient for approval.	er of votes east for the amendment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through void for each voting group entitled to vote se	oting groups. The following statement parately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were suffi	cient for approval
bv:		
•	(voting group)	
01/27 Dated Signature	Shame Lamin	
S	y a director, president or other officer – if elected, by an incorporator – if in the hand- opointed fiduciary by that fiduciary)	directors or officers have not been s of a receiver, trustee, or other court
	THOMAS ROMAIN	
	(Typed or printed name of	f person signing)
	PRESIDENT	
	(Title of person signing)	