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Doing so will generate another cover sheet.

| To: | | | |
|-----------|-------------------|---|-------------------|
| | Division of Cor | porations | |
| | Fax Number | : (850)617-6380 | |
| From: | | | |
| | Account Name | : GRACE FINANCIAL CONSULTING, INC. | |
| | Account Number | : I19990000092 | . ~ |
| | Phone | : (561)844-9806 | - . 23 |
| | Fax Number | : (561)689-1131 | <u>.</u> : |
| | | (===,000 1222 | 2023 JUN |
| | | = | |
| *Enter th | e email address | for this business entity to be used for fut | dice 🛶 |
| annu | al report mailing | s. Enter only one email address please. *** | |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN LAKE VIEW FOOD AND GAS INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 07 |
| Estimated Charge | \$35.00 |

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Help

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: LAKE VIEW FO | OD AND GAS INC | | | | |
|--|---|--|---|----------------------|--|--|
| DOCUMENT NUME | BER: P22000081950 | | | | | |
| The enclosed Articles | of Amendment and fee are st | ubmitted for filing. | | | | |
| Please return all corres | pondence concerning this m | atter to the following: | | | | |
| | SONIYA AKTER | | | | | |
| | Name of Contact Person | | | | | |
| | LAKE VIEW FOOD AND GAS INC | | | | | |
| • | Firm/ Company | | | | | |
| | 1733 SUNSET AVE | | | | | |
| | Address | | | | | |
| | LAKE WORTH, FL 33460 | | | | | |
| - | City/ State and Zip Code | | | | | |
| CSHAHIDUL561@YAHOO.COM | | | | | | |
| - | E-mail address: (to be us | sed for future annual rep | port notification) | 2023 JUR -7 AM 9: 09 | | |
| For further information concerning this matter, please call: | | | | | | |
| MD SHAHIDUL A CI | HOWDHURY | at (⁵⁶¹ | 633-7328 | | | |
| Name of Contact Person | | Area | Code & Daytime Telephone Num | aber | | |
| Enclosed is a check for | the following amount made | payable to the Florida [| Department of State: | | | |
| S35 Filing Fee | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee Certified Copy (Additional copy is enclosed) | & D\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabasecc, FL 22214 | | Am Div The 241 | eet Address endment Section ision of Corporations Centre of Tallahassee S. Monroe Street, Suite 810 ahassee, FL 32303 | | | |

Articles of Amendment to Articles of Incorporation of

| LAKE VIEW FOOD AND GAS INC | | | | | |
|--|---|-----------------------------|---|-------------------------------------|--------------|
| P22000081950 | of Corporation as curre | ntly filed with the Florid: | Dept. of State) | | |
| | (Document Number | r of Corporation (if known) |) | • | |
| Pursuant to the provisions of section 60' its Articles of Incorporation: | | | | ng amendn | nent(s) to |
| A. If amending name, enter the new 1 | name of the corporation: | | | | |
| name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association. | Cura. Inc. or co. | 4 miniaccional camana | ated" or the abbreviation name must contain | _The ne on "Corp., in the wor | w " rd |
| B. <u>Enter new principal office address</u> (Principal office address <u>MUST BE A.</u>) | , if <u>applicable:</u> STREET ADDRESS) | |); ; | 2023 JUN | |
| C. Enter new mailing address, if app) (Mailing address MAY BE A POST) | <u>licable:</u> <u>OFFICE BOX</u> I | | 13.A.S.: F.E.: 19.11. | -7 AM 9:09 | |
| D. If amending the registered agent as new registered agent and/or the πε | w registered office addres | dress in Florida, enter the | e name of the | | |
| Name of New Registered Agent | SONIYA AKTER | | | | |
| | 1733 SUNSET AVE | <u> </u> | | | |
| | (Florida si | treet address) | - ***· | • | |
| New Registered Office Address: | LAKE WORTH | | , Florida_33460 | | |
| | | (City) | (Zip C | ode) | |
| New Registered Office Address: New Registered Agent's Signature, if continued the second second the appointment as registered a | LAKE WORTH banging Registered Agen | (City) | · | Code) | |
| | SONIYA AK | | | | |
| | Signature of New I | Registered Agent, if changi | ng | | |

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)

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

P = President; V = Vice President; I = Ireasurer; S = Secretary; D = Director; IR = Irustee; 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, Ireasurer, 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 | PT | Iohn Doe | |
|-------------------------------|--------------|-------------------------|-----------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | SV | Sally Smith | |
| Type of Action (Check One) | <u>Tiple</u> | <u>Name</u> | <u>Addres</u> s |
| l) Change | P | MD SHAHLDUL A CHOWDHURY | 1733 SUNSET AVE-UT |
| ${X}$ Remove | | | LAKE WORTH, FU33460 |
| 2) Change X Add | <u>P</u> | SONIYA AKTER | LAKE WORTH, FL 33460 |
| Remove 3) Change Add | | | - WOKIA, FL 33400 - W |
| Remove 4) Change Add | | | |
| Remove Change Add | | - | |
| — Remove 6) Change Add | | | |
| Remove | | | |

| | s, if necessary). | icles, enter change(s) here: (Be specific) | |
|------------------------|-------------------|---|-------------|
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| an amendment provid | les for an excha | nge. reclassification, or cancellation of issued shares | ط |
| | nting the amend | dment if not contained in the amendment itself: | |
| (if not applicable, in | , | | |
| (if not applicable, in | | | |
| (if not applicable, in | | | |
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| (if not applicable, in | | | |

| The date of each amendment(s) adoption: 05/31/2023 | , if other than the |
|---|-------------------------|
| date this document was signed, | , it other (han the |
| Effective date if applicable: 05/31/2023 | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | Il not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required. | l shareholder |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval | 2023 |
| \mathfrak{t}^{-} | E II. |
| Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | 1-7 AM 9: 09 |
| MD SHAHIDUL A CHOWDHURY | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |