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(Re	equestor's Name)
(Ad	idress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
ed Copies	Certificates of Status
cal Instructions to	Filing Officer:
	Office Use Only



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Ecor18412,

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: RRLAN INVESTMENT COPPORATION DOCUMENT NUMBER: P23 0000 1028 The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: APACEH VICTORIA

Name of Contact Person PLLAN ZNVESTMENT CORPORATION

Firm/ Company

2767 E GRAND RESERVE CIRCLE 1418

Address Address

CLE ARWATER, FL 33:759

City/ State and Zip Code TABUICMYIS & AOL. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: APACELI VICTOPIA at (570) 234-5775

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: S35 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy — □\$52.50 Filing Fee

> Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

to Reflect N/C

Street Address

(Additional copy is

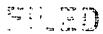
enclosed) -

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of



2023 FEB 28 PK 3: 39 LAN INVESTMENT CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State) P 23 COCCO 10 28
(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: RLLAN PNUE STMENT CORPORATION

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: (City) 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

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 = ChiefExecutive 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> 1</u>	John IJue	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if neces.	al Articles, ente sary). (Be spe	cific)			
					
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If an amendment provides for	an exchange, r	eclassification.	or cancellation of	of issued shares.	
provisions for implementing (if not applicable, indicate	the amendment - M4)	il not contains	d in the amendi	nencuseu.	
(i) not applicable, maleute	,				
					······································
					
				<u>, </u>	

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The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirement of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffi	ed by the shareholders. The number of votes cast forcient for approval.	r the uniondment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The ch voting group entitled to vote separately on the ai	following statement nendment(s):
"The number of votes east for	the amendment(s) was/were sufficient for approva	I
by	(voting group)	,"
(By a dire selected,	Lace G. Michana ctor, president or other officer – if directors or officer by an incorporator – if in the hands of a receiver, traditional traditiona	ers have not been astee, or other court
_	(Typed or printed name of person signing	
-	BOARD MEMBER - T (Title of person signing)	REASURER / FINANCE OFFICE!

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