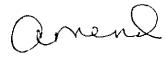
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## CORPORATE ACCESS, \_\_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee. Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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|                 | PHOTOCOPY<br>CUS        |                 |             |
| XX              | FILING                  | INC AMEND       |             |
| 1.              | THE RUSTIC INC.         | 'UMENT #)       |             |
| 2.              | (CORPORATE NAME AND DOC | CUMENT #)       |             |
| 3.              | (CORPORATE NAME AND DOC | CUMENT #)       |             |
| 4.              | (CORPORATE NAME AND DOC | CUMENT #)       |             |
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| SPECIA<br>INSTR | AL<br>UCTIONS:          |                 |             |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPO          | RATION: THE RUSTIC INC  |  |   |
|------------------------|---|--|---|
| DOCUMENT NUM           | BER: P23000001171   |  |   |
|                        | s of Amendment and fee are sub  | omitted for filing.  |   |
| Please return all corr | espondence concerning this mat  | ter to the following:  |   |
|                        | Amanda J. Beren   |  |   |
|                        |   | Name of Contact Person   |   |
|                        |   | Firm/ Company  |   |
|                        | 31416 Agoura Rd, Ste. 118   | <u></u>  |   |
|                        |   | Address  |   |
|                        | Westlake Village, CA 91361  |  |   |
|                        |   | City/ State and Zip Code   |   |
|                        | filings@corpnet.com   |  |   |
|                        | E-mail address: (to be us   | ed for future annual report                                      | notification)   |
| For further informati  | on concerning this matter, pleas  | e call:  |   |
| Amanda J. Beren        |   | at (   | de & Daytime Telephone Number   |
| Name                   | of Contact Person   | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check    | for the following amount made   | payable to the Florida Depa                                      | urtment of State:   |
| □ \$35 Filing Fee      | S43.75 Filing Fee & Certificate of Status   | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)    |
| Ai<br>Di<br>P.         | ailing Address<br>nendment Section<br>vision of Corporations<br>O. Box 6327<br>allahassee, FL 32314 | Ameno<br>Divisio<br>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

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| own)  oration adopts the following amendment(s)   |
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| oration adopts the following amendment(s)  The new reporated or the abbreviation "Corp.," |
| oration adopts the following amendment(s)  The new reported or the abbreviation "Corp.,"  |
| oration adopts the following amendment(s)  The new reported or the abbreviation "Corp.,"  |
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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; 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>Y</u>   | Mike Jones          |                       |
| X Add                         | <u>\$Y</u> | Sally Smith         |                       |
| Type of Action<br>(Check One) | Title      | Name                | <u>Addres</u> s       |
| 1) Change                     | v          | Dennis Friedmann    | 1317 Edgewater Dr.    |
| Add                           |            |                     | Suite 3032            |
| X Remove                      |            |                     | Orlando, FL 32804     |
| 2) Change                     | VD         | Dirk Martin Melcher | 2924 Del Prado Blvd S |
| x Add                         |            |                     | Unit 5                |
| Remove                        | 13         | Decele Palados es   | Cape Coral, FL 33904  |
| 3 ) Change                    | D          | Dennis Friedmann    | 2924 Del Prado Blvd S |
| X Add                         |            |                     | Unit 5                |
| Remove                        |            |                     | Cape Coral, FL 33904  |
| 4) Change                     | PST        | Dennis Friedmann    | 2924 Del Prado Blvd S |
| Add                           |            |                     | Unit 5                |
| Remove                        |            |                     | Cape Coral, FL 33904  |
| 5) Change                     |            |                     |                       |
| Add                           |            |                     |                       |
| Remove                        |            |                     |                       |
| δ) Change                     |            |                     |                       |
| Add                           |            |                     |                       |
| Remove                        |            |                     |                       |

| ach additional sheets, if necessary). | (Be specific)      | ge(s) here:       |                     |             |  |
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| n amendment provides for an exc       | hange, reclassific | cation, or cancel | lation of issued sl | nares,      |  |
| ovisions for implementing the am      | endment if not co  | ontained in the a | mendment itself:    | <u>!</u>    |  |
| (if not applicable, indicate N/A)     |                    |                   |                     |             |  |
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| Effective date if applicable:  |   |
|--|---|
|  | (no more than 90 days after amendment file date)  |
| Note: If the date inserted in this block document's effective date on the Depart | does not meet the applicable statutory filing requirements, this date will not be listed as tement of State's records.                |
| Adoption of Amendment(s)   | (CHECK ONE)   |
| ☐ The amendment(s) was/were adopted action was not required.                     | d by the incorporators, or board of directors without shareholder action and shareholder  |
| The amendment(s) was/were adopted<br>by the shareholders was/were suffice        | d by the shareholders. The number of votes cast for the amendment(s) ient for approval.   |
| ☐ The amendment(s) was/were approvemust be separately provided for each          | ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for  | the amendment(s) was/were sufficient for approval   |
| by   |   |
|  | (voting group)  |
| 04/27/2023<br>Dated  |   |
| Signature  |   |
| By a direc   | tor, president or other officer - if directors or officers have not been  |
|  | y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)                               |
| ••   | nnis Friedmann  |
| <del></del>  | (Typed or printed name of person signing)   |
| D.c.   | esi <b>de</b> nt  |

(Title of person signing)