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(((H24000375060 3)))



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Division of Corporations

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From:

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Account Number : I20240000083 : (954)404-4673

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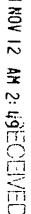
COR AMND/RESTATE/CORRECT OR O/D RESIGN FND THOMPSON CORP

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ___ FND THOMPSON CORP DOCUMENT NUMBER: P23000002133 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE MIGUEL ARREAZA Name of Contact Person FND THOMPSON CORP Firm/ Company 15800 Pines Blvd Ste 315 Address Pembroke Pines, FL 33027 City/ State and Zip Code im@arreaza.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 Area Code & Daytime Telephone Number JOSE MIGUEL ARREAZA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & S43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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

4565-665-45b

954-337-3724

Articles of Amendment to Articles of Incorporation of

FND THOMPSON CORP			
(Name of Corporation as currently filed with the Florida Dept. of State)			
P23000002133			
(Document Number of Corporation (if known)		**********	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followits Articles of Incorporation:	ing amend	lment(s) to
A. If amending name, enter the new name of the corporation:			
	The n	ieiv	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must cont "chartered," "professional association," or the abbreviation "P.A."	tion "Corp). ··	
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)	<u> </u>	 	
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:	ARY HXX	2824 NOV, 12 ¢	
Name of New Registered Agent	OF STA SSEE.JFL	AM 2: 49	C
(Florida street address)	— M	9	
New Registered Office Address:			
	p Code)	_	
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	ı. 		
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	У	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	ROCIO TORRES-ARREAZA	15800 Pines Blvd			
X Add			Ste 315			
Remove			Pembroke Pines, FL 33027			
2) Change						
Add						
Remove 3) Change			SECRETI TALLA			
Add			エデニ			
Remove			ASSE			
i) Change			F S 2:			
Add			ATE FL			
Remove						
5)Change						
Add			***			
Remove			·			
6) Change						
Add						
Remove						

754-557-5724

To: Division of Corporations Division of Corporations	Pege: 7 of 7	2024-11-12 19:37.43 GMT	19543373724		From: Jo	se Arrea
The date of each amendment(s) adoption: date this document was signed.	11/12/2024			if other	r than th	he
Effective date if applicable:	(no more than	90 days after amendment file d	(ue)		=	
Note: If the date inserted in this block does document's effective date on the Department	not meet the appli	•		not be list	ed as ti	lt
Adoption of Amendment(s) (C	CHECK ONE)					
The amendment(s) was/were adopted by the action was not required.	he incorporators, or	board of directors without sha	reholder action and s	shar e holde	r	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. Th or approval.	e number of votes cast for the	amendment(s)			
☐ The amendment(s) was/were approved by must be separately provided for each voti.	the shareholders thing group contitled to	rough voting groups. The follo vote separately on the amendr	wing statement nent(s):			
"The number of votes cast for the an		ere sufficient for approval				
by		·		40	~3	
(Y 11/12/2024 Dated	orting group)			SECRETARY OF ST	2024 NOV 12	indus frame mense malan
selected, by an in	esident of other of life corporator is in the ry by that fiduciary	rer – if directors or officers have hands of a receiver, trustee, of	re not been or other court	OF STAT	AM 2: 50	
	GUEL ARREAZA	•		. E	0	
PRESIDE		name of person signing)				
	(Title of person sig	uning)				

From: Jose Arreaza