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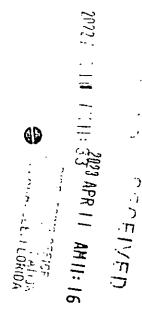
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(Document Number)
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: $\frac{Superior}{P330}$	OR Consultants Trc. 111
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
Suprenin	a Carver
	Name of Contact Person
1000 1110-	Firm/ Company Tra Ty 1888 / All Admin
Hypoluxo	Address Pland Zip Code City/ State and Zip Code
E-mail address: (to be used	d for future annual report notification)
Ear further information concerning this matter, please	া e call:
Suprenia Gover Name of Contact Person	at (977) 118-7267 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy 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

Articles of Amendment

to

	Articles of Incorporation	
000000		
(Name of Corporal	tion as currently filed with the Florida Dept. of State)	
Da POBOON DISTO	1 ()	
(Dec) 32000000732	ument Number of Corporation (if known)	
(1700-0	ment Number of Corporation (It known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following ame	:ndment(s) to
A. If amending name, enter the new name of the	corporation:	
	The	new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abbi	'corporation," "company," or "incorporated" or the abbreviation "Coc," or "Co". A professional corporation name must contain the	orp.,"
B. Enter new principal office address, if applicable	ole:	
(Principal office address MUST BE A STREET AD	DDRESS)	
	 ;	
	مشن	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	gov.	
(Maining address MATT DE ATT OFF STATES DE		
	<u> </u>	
D. If amending the registered agent and/or registence new registered agent and/or the new registered	tered office address in Florida, enter the name of the d office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Re	egistered Agent:	
nereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	
Sie	nature of New Registered Agent, if changing	
~-3		

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Attach c	additional sheets, if	necessury). (be s			0.1 -	100-
	PLEASE	A-DD	EIN	_/	×7-20	£ 4.1
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Ifanan	nandmant pravidas	e for an avchance	reclassification, or	cancellation	of issued shares	
Drovis:	ions for implement	ting the amendmen	nt if not contained	n the amend	lment itself:	
	not applicable, indi	icate N/A)				
	-1-					
		<u>-</u>				

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Supremia Carver	Address ()
1) Change	<u> </u>	Supremia Curver	1022 Water Trutes
Add			WAY KP 302
Remove			1022 Water Kutes WAY KPT 302 HYPOLUXI FT. 33462
2) Change			
Add			
Remove 3) Change			7
Add			723
Remove			
4) Change			
Add			
Remove			ယ
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

fate this document was signed.	,	
Effective date if applicable:		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing to partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors with	hout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cas ficient for approval.	t for the amendment(s)
	roved by the shareholders through voting groups. It each voting group entitled to vote separately on the	
"The number of votes cast	or the amendment(s) was/were sufficient for appro	ovai
by		 .
	(voting group)	
DatedSignature	14/1/2023 Inenia ame	
	ector, president or other officer - if directors or of	
	, by an incorporator – if in the hands of a receiver, ed, fiduciary by that fiduciary)	trustee, or other court
/ -FF	()	
	Suprenia CARVER	
	(Typed or printed name of person signing)	ng)
	PRESIDENT	
	(Title of person signing)	