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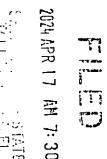
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LCKN & ASSOCI	ATES CORP			
DOCUMENT NUM	1BER: P23000010325				
	es of Amendment and fee are su	bmitted for filing.			
Please return all con	respondence concerning this ma	tter to the following:			
	OSCAR A. OROZCO				
		Name of Contact Person	n		
	LCKN & ASSOCIATES CORP				
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
	6495 SW 83RD STREET				
		Address			
	MIAMI, FL 33143				
		City/ State and Zip Cod	e		
	fernando@fjrcpapc.com				
		sed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:			
FERNANDO RODI	RIGUEZ, CPA	at (374-6908		
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 illahassee, FL 32314	Ameno Divisio The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

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FILED

LCKN & ASSOCIATES CORP		•	
(Name o	of Corporation as currently	filed with the Florida Dept.	of State)
P23000010325			717 AM 7:30
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation add	opts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,"	Corp," "Inc," or "Co". A		
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl		N/A	
(Mailing address MAY BE A POST	OFFICE BOX)	- IVA	
			
D. If amending the registered agent ar new registered agent and/or the new			e of the
new registeres agent andror the ne		•	
Name of New Registered Agent	N/A		
	(Florida stre	oat addrass)	
	6495 SW 83RD ST, MIAM	•	33143
New Registered Office Address:	-	(City)	Florida (Zip Code)
		1-14,	()
New Registered Agent's Signature, if c I hereby accept the appointment as regist			afeka wasisian
r nereoy accept the appointment as regist	erea agent. 1 am jamutar w	un ana accept the obtigations	of the position.
-	Signature of New P.	egistered Agent, if changing	
	Signature of New Ke	gisieren ngeni, ij enunging	
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 = 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 Do	<u>e</u>	
X Remove	<u>y</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<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 necessary).	(Be specific)
	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
COMMON STOCK SHARES REVALU	JED: FROM 200 NPV SHARES TO 1,000,000 NPV SHARES
OSCAR A OROZCO: 90% - 900,000 NI	PV SHARES OF COMMON STOCK
PAOLO FIDANZA: 10% - 100,000 N	PV SHARES OF COMMON STOCK
-	

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N/A	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors witho action was not required.	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast f by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes cast for the amendment(s) was/were sufficient for approve	al
by	 -
(voting group)	
ATH DAY OF APRIL. 2024 Dated Signature X Usuro	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trappointed fiduciary by that fiduciary)	
OSCAR A. OROZCO	
(Typed or printed name of person signing)
PRESIDENT	
(Title of person signing)	