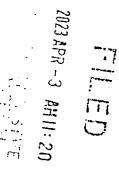
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(Address)	
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(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: LYA'S DISTRIBL	TORS DISTRIBUTORS V	VHOLESALE & RETAIL C
DOCUMENT NUN	MBER: P-23000019413		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	MILLIE VARGAS		
	, .,	Name of Contact Person	n
	M&J INSURANCE		
		Firm/ Company	
	10 E LAKE ST		
	Address		
	KISSIMMEE FL 34744		
		City/ State and Zip Cod	<u></u>
		•	
	E mail address (as become	- 1 C - C	
	E-man address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
MILLIE VARGAS		at (<u>321</u>	805-1335
Name 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:
S35 Filing Fee	□\$43.75 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)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LYA'S DISTRIBUTORS DISTRIBUTORS WHOLESALE & RETAIL CORP.

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

(Name of Corporation as current	ly filed with the Florida Dept, of State)
P-23000019413	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
LYA'S DISTRIBUTORS WHOLESALE & RETAIL CORP.	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", . "chartered," "professional association," or the abbreviation "P.A.	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	202 SE(1/
	APR T
	1
C. Enter new mailing address, if applicable:	ω [
(Mailing address MAY BE A POST OFFICE BOX)	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
	<u>3-</u>
Name of New Registered Agent	
ıFlorida sti	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	•
hereby accept the appointment as registered agent. I am familiar	
Cimaton AVo. 1	Registered Agent, if changing
Signature of New K	кедіміл са лідені, ў спанднід
Chook if applicable	

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>V</u>	Mike Jones	
$\underline{X}$ Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		<del>-</del>	
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		<del></del>
·		
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	

. .

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ате)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the cient for approval.	amendment(s)
	ved by the shareholders through voting groups. The following group entitled to vote separately on the amendation	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	<u>.</u> "	
,	(voting group)	
Dated	24/2023	
Signature	12 M. Helcools	
	tor, president or other officer - if directors or officers have by an incorporator - if in the hands of a receiver, trustee,	
appointed	fiduciary by that fiduciary)	
	Ciz M. Mercado (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	