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TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: TAYLOR MADE	BROWS INC			
DOCUMENT NUM	P23000026733				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Sam Elnouti				
		Name of Contact Perso	n		
	TAYLOR MADE BROWS I	NC			
		Firm/ Company			
	100 East Pine Street suite 11	0			
		Address			
	Orlando FL 32801				
		City/ State and Zip Cod	e		
	info@taylormadebrowsinccom.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
Sam Elnouti		386 at (9998000		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 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)		
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Division The C 2415	Address Idment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to **Articles of Incorporation** of

TAYLOR MADE BROWS INC.

TATLOR MADE BROWS INC		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
(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) to	
A. If amending name, enter the new name of the corporation:		
ELITE CONSULTANT PROS INC	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:	100 East Pine Street suite 110	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Orlando FL 32801	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 East Pine Street suite 110	
	Orlando FL 32801	
•		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	Florida	
	(City) (Zip Code)	
Nove Desirtaned America Circustum (following Desirated America		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
C:	Pagistanad trans if sharming	
Signature of New I	Registered Agent, if changing	

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)

Add

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 Title Name Address (Check One) 1) ____ Change Add ____ Remove 2) ____ Change ____ Add __ Remove 3) ____ Change ____ Add ___ Remove 4) ____ Change ____ Add Remove 5) ____ Change __ Add __ Remove 6) ____ Change

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
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		<u> </u>
		<u>-</u>
	-	
		
f an amendment provides for an exch	ange, reclassification, or cancellation of is	ssued shares
provisions for implementing the ame	dment if not contained in the amendmen	nt itself:
(if not applicable, indicate N/A)		
-		
<u> </u>		
		
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		, and the second second

The date of each amendment(s) adoption: 07-08-262 \(\frac{1}{2}\) . if other than the date this document was signed.
Effective date if applicable: $97 - 98 - 2024$ (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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
Dated 67-88-2024
Signature SAM
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Sam Elnouti (Typed or printed name of person signing)
President
(Title of person signing)