Pa3000077693

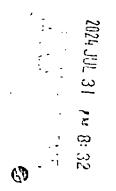
(Requestor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Nimba E	Enterprises Incorporated			
DOCUMENT NUMBER: P23000	2027693			
The enclosed <i>Articles of Amendment</i> and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
Mid	Name of Contact Person			
	<i>JEI</i>			
	Firm/ Company			
549	Hardceville Ct.			
	Address			
Jackson	Address The Florida 32218 City/ State and Zip Code			
	City/ State and Zip Code			
	ised for future annual report notification)			
in matter information concerning this matter, plea	ase can.			
Michael Daha	al 904 1476 - 5876			
Name of Contact Person	at (<u>904</u>) <u>476 - 5876</u> Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\text{Certificate of Status}\$	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	·	toche or state)	
P230000276			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporati	on adopts the following ame	ndment(s) t
A. If amending name, enter the new name of the corporation:			
	N/A	TI	
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.	A professional corporation	tad" or the abbreviation "C.	new rp.," word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2024	-
	<u> </u>	31	
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	fress in Florida, enter the	name of the	
Name of New Registered Agent	N/A	<u>8</u> - 3	
(Florida si	reet address)		
New Registered Office Address:	(City)	, Florida(Zm Code)	
	,,,	17.17 (Tale)	
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	t <u>:</u> with and accept the obliga	tions of the position.	

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	Chiefofstaff Kuren E Dahn	158 N Congress St Athens, OH 45701
$\sqrt{\Lambda}$ dd		14thens, OH 45701
Remove		
2) Change		
Add		
Remove 3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		
RCHIOVE		

Attach additional sheets, if necessary).	(Be specific)
N/A	
-	
-	
	-
f an amendment provides for an exch-	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the s
N/A	
10//	

. .

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	7/16/24 (no more than 90 days after amendm	ent file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors wit	hout shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were sul	oted by the shareholders. The number of votes cas ficient for approval.	et for the amendment(s)
must be separately provided for e	oved by the shareholders through voting groups, each voting group entitled to vote separately on the	e amendment(s):
"The number of votes east t	or the amendment(s) was/were sufficient for appro	oval
by	(voting group)	
Dated	7/16/24 M	
selected	ector, president or other officer – if directors or of by an incorporator – if in the hands of a receiver, d fiduciary by that fiduciary)	
-	(Typed or printed name of person signi	ig)
-	(Title of person signing)	<u> </u>