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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: SUCCESSO BIOT	ECH. INC		
DOCUMENT NUM	IBER: P23000038852			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	SOLARES, EDUARDO G			
	Name of Contact Person			
		Firm/ Company		
	Address			
	8147 WESTFIELD CIRCLE, VERO BEACH, FL 32966			
		City/ State and Zip Code	e	
	abcorganicslle@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		, , , , , , , , , , , , , , , , , , ,
SOLARES, EDUARDO G		at ( 786	de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	: ( . : \ \
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P23000038852	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must he 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
3. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
). If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>58:</u>
Name of New Registered Agent N/A	<del>-</del>
	treet address)
(Florida s	
(Florida s New Registered Office Address:	, Florida

Signature of New 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)

Example:

Please note the officer/director title by the first letter of the office title:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief xecutive 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.

XChange	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Stahl, Juan F	8147 WESTFIELD CIRCLE
Add			VERO BEACH, FL 32966
X Remove			
2) Change	VP	Rosenberg Carrera, Crista	8147 WESTFIELD CIRCLE
X Add			VERO BEACH, FL 32966
Remove Change			
Ađd			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Ar (Attach additional sheets, if necessary).	(Be specific)	
N/A		
· · ·		
<del></del>		<del></del> -
		·
F. If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	enument if not contained in the amendment usen.	
N/A		
		-1
		_ <del></del>
	<del></del>	

The date of each amendment	OCTOBER 12, 2023	, if other than the
date this document was signed.		
Effective date if applicable:	OCTOBER 12, 2023	
interve date <u>it apprease</u> .	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date vine Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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	
bv	<u>, · · · · · · · · · · · · · · · · · · ·</u>	
, <del></del>	(voting group)	
OCTO Dated	DBER 12, 2023	
Signature (	5 Auadu 6. Golanes	723 L:
(By	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	<u> </u>
	SOLARES, EDUARDO G	_
	(Typed or printed name of person signing)	
	PRESIDENT	7 0

(Title of person signing)