Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000212526 3)))



H230002125263ABCX

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MYCOMPANYWORKS, INC.

Account Number : I20230000035

Phone : (702)362-2677

Fax Number : (702)825-2581

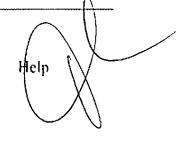
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **NEVADA SALES INK, INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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### Articles of Amendment to Articles of Incorporation of

NEVADA SALES INK, INC					
P23000042417	of Corporation as current	ly filed with the Florida Dept. of So	tate)		
1 23000042417					
	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts to	he following a	mendme	ent(s
A. If amending name, enter the new n	ame of the corporation:				
			Т	he new	,
name must be distinguishable and contain "Inc.," or Co.," or the designation "o "chartered," "professional association,	Corp, " "Inc," or "Co".	A professional corporation name n	abbreviation	"Corp"	•
B. Enter new principal office address,	if applicable:	11601 Lakeside Dr Apt 8310			
(Principal office address <u>MUST BE A S</u>		Doral, FL 33178			
			- :	2023	
					==
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11601 Lakeside Dr Apt 8310	<u>:</u> .	JUN  3	•
	5	Doral, FL 33178	<i>iii-</i>		-
			1	T.	į.
		<del></del>		<u> </u>	•
<ol> <li>If amending the registered agent an new registered agent and/or the ne</li> </ol>			<u>he</u>	61	
Name of New Registered Agent		-			
Name of New Registered Agent	11601 Lakeside Dr Apt 83				
		reet address)	<del></del>		
	Doral	,	. 33178		
New Registered Office Address:		(City), Florid	da		
		(City)	(Zip Cod	e)	
New Registered Agent's Signature, if c hereby accept the appointment as regist			ı poeltian		
me con accept the appointment as region	crea ageni. Tum junullur	and accept the obligations of the	position.		
	Signature of New R	egistered Agent, if changing			

### Check if applicable

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

Example:

Remove

# 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:

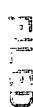
(Attach additional sheets, if necessary)

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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	Р	Ramona I Escalona	11601 Lakeside Dr., Apt. 8310
Add			Doral, FL 33178
Remove			
2) Change			<b>~</b>
Add			
Remove 3) Change			<u> </u>
Add			38 3
Remove			
4) Change		<u> </u>	- £9
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			



# H23000212526 3 E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	,	if other	than the
date this document was signed.			
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 requirements, this dadocument's effective date on the Department of State's records.	ite will no	ot be liste	ed as the
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and sha	areholdei	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):		2023	
"The number of votes cast for the amendment(s) was/were sufficient for approval	AL ::	2023 JUN 13	
by	3/5-		
06/13/2023 Dated	733 s 735 s	8: 49	J
Signature /s/ Ramona I Escalona	· <u>-</u>	9	
(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 cour appointed fiduciary by that fiduciary)	t		
Ramona I Escalona			
(Typed or printed name of person signing)			
President			
(Title of person signing)			