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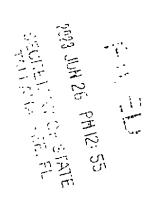
| (Requestor's Name) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: SCR 910 HAYOS INC DOCUMENT NUMBER: PA3000044653 |
| DOCUMENT NUMBER: P2300044653 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Tanda WODFIND |
| Name of Contact Person |
| Sergio Hayes Inc |
| |
| 3461 LAKE WATH R.D 5+e 165 Address |
| Address 2.2 (6.7) |
| (A)CP WATH, FC 33467 City/ State and Zip Code |
| City state and zap code |
| E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Tanka Wax 1.00 |
| Tarya Wwo-torp Name of Conduct Person at (614) 306-1365 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| For further information concerning this matter, please call: Grug Www for p |

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

(Additional Copy is enclosed)

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| (Name of Corp | oration as currently | ly filed w | vith the Floric | la Dept. of Sta | <u>ite</u>) | |
|---|----------------------------|-------------|-----------------|------------------------------------|----------------|----------------|
| Sergio HAYES In | C P23 | 3000 | 00446 | 53 | | |
| , (1 | Document Number of | of Corpor | ation (if know | n) | | |
| Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation: | Florida Statutes, this F | Florida | Profit Corpor | ation adopts th | e following an | nendment(s) to |
| A. If amending name, enter the new name of | the corporation: | | | | | |
| | | | | | | e new |
| name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the | "Inc," or "Co". A | A profes: | | | | |
| 3. Enter new principal office address, if appli | | • | | | | |
| Principal office address <u>MUST BE A STREET</u> | <u>"ADDRESS</u>) | | | | | |
| | | | | | | |
| | | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC | <u>E BOX</u>) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| If amending the registered agent and/or re new registered agent and/or the new registered. | | | lorida, enter | the name of th | <u>ıe</u> | |
| Name of New Registered Agent | | _ | | | | |
| Same of New Registered rigent | | | | | | a 23 |
| | (Florida stree | reet addre. | SSJ | | ي خ ان | |
| New Registered Office Address: | | | | . Florid | .a <u></u> | |
| | 10 | (City) | | ,, , , , , , , , , , , , , , , , , | (Zip Code | 26 |
| | | | | | , | · ○ 곡 |
| New Registered Agent's Signature, if changing | g Registered Agent: | : | | | -11 | PH 12: 58 |
| hereby accept the appointment as registered ag | | | accept the obl | igations of the | position. | 55 ATI |
| | | | | | | į * 3 |
| | | | | | | |
| | Signature of New Reg | egisterea | l Agent, if cha | nging | | |

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)

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> Jo | ohn Doe | |
|----------------------------|--------------------|---------------------------------------|-----------------------------|
| X Remove | <u>V</u> <u>M</u> | fike Jones | |
| X Add | <u>SV</u> <u>S</u> | ally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | P | Igneya G Woodoro | 10603 Keystone ct |
| Add | | <u> </u> | welling ton fe 334:4 |
| Remove | | | |
| 2) Change | 7 | Sergio G. HAYLOS | 10603 KOY5+0HE CT |
| _X_ Add | | | welling ton, FL 33414 |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | 50/23 JUN 26 51/CIRT (A) |
| 5) Change | | · · · · · · · · · · · · · · · · · · · | |
| Add | | | 26 |
| Remove | | | |
| 6) Change | | | PH 12: 55 |
| Add | | | |
| Remove | | | |

| | e). (Be specific) | |
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| f an amandment provides for an ex- | vakanna maalaasifiantissa on muusullutissa of issued akansa | |
| f an amendment provides for an ex | schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself: | |
| f an amendment provides for an ex provisions for implementing the an (if not applicable, indicate N/A) | mendment if not contained in the amendment itself: | |
| provisions for implementing the an | mendment if not contained in the amendment itself: | |
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| The date of each amendment(s) adoption: $62/2023$ date this document was signed. | , if other than the |
|---|---------------------|
| 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 date will not document's effective date on the Department of State's records. | ot be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shaction was not required. | areholder |
| ☐ 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 6/2//2_3 | |
| Signature Wood (By a director, president of 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) | |
| Tanga Wood bw P Hyped or printed name of person signing) | |
| VICO Parsionat | |

(Title of person signing)

SICONALIANA DE STATE