From: Paloma Duarte

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.

(((H23000285984 3)))



H230002859843ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name ; CONTADORUSA INC. Account Number : I20200000118

Phone : (305)260-5968

Fax Number : (786)513-7810

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN TMRP INVESTMENTS CORP

| Certificate of Status | O CONTRACTOR OF THE PERSON OF |
|-----------------------|---|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu — Corporate Filing Menu

(((H23000285984 31))

From: Paloma Duarte

Articles of Amendment to Articles of Incorporation

2023-08-17 16.38 39 GMT

| TMRP INVESTMENTS CORP | |
|--|---|
| | |
| (Name of Corporation as currently filed with the Florida Dept. of State) P23000056967 | |
| (Document Number of Corporation (if known) | _ |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the follow | du a anno de 1945 ho |
| its Articles of Incorporation: | ing amendment(s) to |
| A. If amending name, enter the new name of the corporation: TMRP INVESTMENT CORP | |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name musword "chartered," "professional association," or the abbreviation "P.A." | The new abbreviation st contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 2023 AUG 17 AM 10: 53 |
| , | AUG. |
| | 芸術 コ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 17 AHIO |
| | |
| | -건절 53 |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: | _ |
| Name of New Registered Agent | |
| | |
| (Florida street address) | |
| New Registered Office Address: , Florida (City) (Zin Code) | |
| 150% | |
| New Registered Agent's Signature, if changing Registered Agent; | |
| I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position | ı. |
| Signature of New Registered Agent, if changing | |

To:

(((H23000285984 3)))

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 hold. 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) Change | | | |
| Add | | | |
| Remove | | | 2023 AUG SECOLE D TALLA |
| 2) Change | - | | <u></u> |
| hbA | | | <u> </u> |
| Remove | | | <u></u> |
| 3) Change | | | 5 |
| Add | | | <u></u> |
| Remove | | | |
| 4) Change | | | |
| Add | | | <u> </u> |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

Page 2 of 4

To:

(((H23000285984 3)))

| Itach additional sheets, if necessary). (Be specific) | | |
|---|--|----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | 2023 AUG 17 AM 10: 53 SECKLIARY OF STATE TALLAHASSEE, FL | |
| | A Section | 40 |
| | GIT ANI | Ę |
| | OF SSER | ! |
| | E, FL | |
| | · ☴ ω | |
| | | |
| | | |
| an amendment provides for an exchange, reclassification, or cancellation of issued shares, | | |
| rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Page 3 of 4

(((H23000285984 3)))

| The date of each amendment(s) adoption: | if ot | her than | the |
|---|-----------------|-------------|-----|
| Effective date if applicable: | | | • |
| (no more than 90 days after amendment file date) | | | |
| Adoption of Amendment(s) (CHECK ONE) | | | |
| 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 | | | |
| (voting group) | U | 202 | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | | 2023 AUG 17 | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | AHASSI | | |
| Dated 8/17/2023 | S | AM 10: 53 | |
| Signature (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) | FL | : 53 | |
| THAMIRES MEIRELES RIBEIRO PEREIRA | | | |
| (Typed or printed name of person signing) | | | |
| PRESIDENT | | | |
| (Title of person signing) | _ | | |