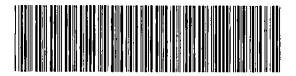


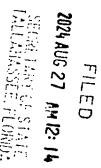
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Aereo Bella Holdii	ngs, Inc	
DOCUMENT NUM	BER: P23000076952		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Michael Alessio		
		Name of Contact Person	1
	c/o Alessio & Sons Company	,	
	<del></del>	Firm/ Company	
	377 E Butterfield Rd Ste 270	·	
		Address	
	Lombard, IL60148		
		City/ State and Zip Code	
	ar@alessiocompanies.com		
	-	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Vera Erickson		at (815	351-0218
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or 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)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Aereo Bella Holdings, Inc			
(Name of Corporation as cu	rrently filed with the Flor	ida Dept. of State)	
P23000076952			
(Document Nun	nber of Corporation (if kno	wn)	<del></del>
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpo</i>	pration adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation	on:		
N/A			The new
name must he distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation	o". A professional corpo	porated" or the abbreviation	"Corp.,"
D. Enter now principal office address: if applicables	N/A		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			<u>_</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			_ <del></del>
			<del></del>
		28	- 202
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		r the name of the	AUG :
N/A	· <del>(200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</del>		77 11.
Name of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·	<del> </del>	<u> </u>	<u>.</u> .
(Flor	rida street address)	êñ.	 
New Registered Office Address:		Florida	<u>-</u>
	(City)	(Zip Co	vde)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: illiar with and accept the ol	bligations of the position.	
Simultana of A	New Registered Agent, if ch		
Signature of P	vew kegisierea Agent, if ch	angmg	
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.

X Change	<u>PT</u>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_	Not Applicable	
Add				
Remove				
2) Change		<del></del>		
Add				
Remove 3 ) Change		_		
Add				
Remove				<del></del>
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional /	rticles anter change(s) have	
(Attach additional sheets, if necessar	rhetes, effer change(s) here. c). (Be specific)	
Not Applicable	• •	
-	-	
. If an amendment provides for an e	change, reclassification, or cancellation of issued sh	ares,
provisions for implementing the a	mendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
Amend to correct shares issued of 1,000	shares	
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
		_

rr	10/30/2023	, if other than the
The date of each amendment(s) ad date this document was signed.	option:	
10/30	0/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amenda	nent 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 partment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors w	ithom shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes exflicient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. each voting group entitled to vote separately on t	. The following statement he amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for app	roval
by		<u> </u>
	(voting group)	
08/12/2024		
Dated		
Nimuturo.	/hr	
selected	rector, president or other officer – if directors or 1, by an incorporator – if in the hands of a receive ed fiduciary by that fiduciary)	officers have not been er, trustee, or other court
	Michael Alessio	
	(Typed or printed name of person sign	ning)
	President	
	(Title of person signing)	7 7 7 7 7