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TO: 'Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

, Division of Corporations NAME OF CORPORATION: SNS FLEXI-C INC DOCUMENT NUMBER: P23000082020 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANA MATA ESCALERA Name of Contact Person ALPHA CONSULTING & TAX INC Firm/ Company 17525 VENTURA BLVD #312 Address ENCINO, CA 91316 City/ State and Zip Code jorden_zur@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (818 / 2006 & Daytime Telephone Number ANA MATA ESCALERA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

SNS FLEXI-C INC

SNS FLEAFC INC				-,	
(Name o	of Corporation as curren	ntly filed with the Flo	rida Dept. of State)		
P23000082020					
	(Document Number	of Corporation (if kno	own)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corp</i>	oration adopts the follow	ing amend	ment(s) to
A. If amending name, enter the new na	ame of the corporation:				
N/A				The n	ienal.
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co".	A professional corp		tion "Corp)., "
R Enter new principal office address	if annlicable:	N/A			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			ଦ୍ର	2023	
			<u> </u>	<u> </u>	~ [*]
				EC.	- Manufacture
C. Enter now mailing address if anni	ica bla:			9	injeg.
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A 	(n)	<u> </u>	ا اقا چەسىم ــ
			(n.) Lij	ر: 	Se : 96
		_		<u>-</u>	_
				1:1	_
D. If amending the registered agent as	nd/or registered office ac	ddress in Florida, ent	er the name of the		
new registered agent and/or the ne					
Name of New Registered Agent	N/A				
	(Florida	street address)			
New Registered Office Address:	N/A	•	EL 11		
		(City)	, Florida <i>(2</i>)	ip Code)	-
New Registered Agent's Signature, if c					
I hereby accept the appointment as regis	tered agent. I am familia	ir with and accept the	obligations of the position	n.	
-	Signature of New	Registered Agent, if c	changing		
Check if applicable					
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 PT John Doe X Remove V Mike Jones X Add SVSally Smith Type of Action Title Address <u>Name</u> (Check One) 1) X Change KFIR SEGEV 611 S FORT HARRISON AVE STE #404 Add CLEARWATER, FL 33756 Remove VΡ JORDEN ZUR 611 S FORT HARRISON AVE _ Change STE #404 Add CLEARWATER, FL 33756 Remove Change _ Add _ Remove 4) ____ Change Add __ Remove 5) Change __ Add Remove 6) ____ Change Add Remove

THE VICE PRESIDENT. WE ARE ALSO REMOVING KFIR SEGEV AS THE VICE PRESIDENT AND ADDING HIM				
HE PRESDENT.				
	روسه قدم آگایی			
	ACR DE TO			
	32-4			
	े हो			
If an amendment provides for an exchange, reclassification, or can	cellation of issued shares,			
provisions for implementing the amendment if not contained in the	he amendment itself:			
lituat anniicable indicate N/A)				
(if not applicable, indicate N/A) /A				
				
(if not applicable, indicate N/A)				

	12/01/2023	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	01/2023	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were acation was not required.	lopted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were and by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendmen	
"The number of votes car	t for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
12/01/202	3	
Dated		20
Signature		
	director, president or other officer - if directors or officers have r	not been 1
	ed, by an incorporator - if in the hands of a receiver, trustee, or o	ther courts - [
appoi	nted fiduciary by that fiduciary)	
	JORDEN ZUR	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	;n —
	(Title of person signing)	