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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORA	TION: FAMILY USED A	PPLIANCES, INC	
		R: P23000082367		
			bmitted for filing.	
Please return all	correspo	ondence concerning this ma	tter to the following:	
	A	DOLFO A OLIVERA VIA	MONTES	
			Name of Contact Person	1
	ADOLFO A OLIVERA VIAMONTES ADOLFO A OLIVERA VIAMONTES Firm/ Company 4501 ORIENT RD Address TAMPA, FL 33610 City/ State and Zip Code E-mail address: (to be used for future annual report notification) mer information concerning this matter, please call: O A OLIVERA VIAMONTES Name of Contact Person at (813) 364-9327 Name of Contact Person Area Code & Daytime Telephone Number			
	45	01 ORIENT RD		
	_		Address	364-9327 & Daytime Telephone Number timent of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) ddress tent Section of Corporations attre of Tallahassee Monroe Street, Suite 810
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				. 364-9327
Name of Contact Person		at (Area Co) de & Daytime Telephone Number	
			payable to the Florida Dep	•
S35 Filing B	Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certified Copy (Additional Copy
	Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FAMILY USED APPLIANCES, INC	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P23000082367	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	·
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing

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)

Example:

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	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	IVAN FONSECA ODUARDO	4501 ORIENT RD
Add			TAMPA, FL 33610
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)	
(y not applicable, maicale 147A)	
 	
	

The date of each amendment(s) as date this document was signed.	loption:	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this d partment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statemeach voting group entitled to vote separately on the amendment(s):	aent
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
01/08/2024		
Dated		
Signature 🗸 🖊		
(By a di selected	rector, president or other officer - if directors or officers have not been l, by an incorporator - if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	ADOLFO A OLIVERA VIAMONTES	n
•	(Typed or printed name of person signing)	 ·
	PRESIDENT	•
	IRESIDEN	

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