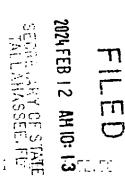
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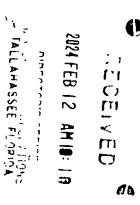
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PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
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Office Use Only



300419576293





COVER LETTER

Division of Corporations NAME OF CORPORATION: ___ The Brokers Processor Inc DOCUMENT NUMBER: . The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kristina Tkalec Name of Contact Person The Brokers Processor Inc Firm/ Company 3068 King Fern Drive Address Wimauma, FL 33598 City/ State and Zip Code TkalccMartinez@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (916) 533-5029
Area Code & Daytime Telephone Number Kristina Tkalec 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) **Mailing Address** Street Address

TO: Amendment Section

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Brokers Processor Inc				
(Name of	Corporation as curre	ntly filed with the Florid	a Dept. of State)	
P24000003496				
	(Document Numbe	er of Corporation (if knows	1)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, th	nis <i>Florida Profit Corpora</i>	ntion adopts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:	:		
Brokers Processor Inc			•	The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	orp," "Inc," or "Co".	A professional corpora		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		NA	97 701 A C)	2024
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>	NA	<u> </u>		
D. If amending the registered agent and			he name of the	
	new registered agent and/or the new registered office address: NA			
Name of New Registered Agent		· ·		
-	Allarida	street address)		
	(2 see mis	arta burtan,		
New Registered Office Address:		(City)	, Florida /Zip Ca	ode)
		(-),	(-1	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			igations of the position.	
 	Signature of New	v Registered Agent, if char	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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Saily Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
i) Change				
Add				
Remove				
2) Change		_ _		
Add				
Remove 3) Change				
Add				
Remove				
4) Change	·	- -		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Attach addition	or adding additional A onal sheets, if necessary). (Be specific)	to mere.			
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	NA						
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(if not applicable, indicate N/A)	. If an amendo	nent provides for an ex	cchange, reclassifi	cation, or cancel	lation of issued s	hares.	
	provisions for	or implementing the au	mendment if not c	ontained in the a	ime <u>nament itself</u>	<u>:</u>	
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
meetive date it apprende.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
	director, president or other officer – if directors or officers have not b	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	court
	Kristina Tkalec	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	