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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CROQUELOVER	S INC				
DOCUMENT NUN	P24000005263					
The enclosed Article	s of Amendment and fee are so	ibmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	MARIA E ORIACH PARIS					
	Name of Contact Person					
	CROQUELOVERS INC					
		Firm/ Company	<u> </u>			
	524 NW 97th AVE	·				
		Address				
	PLANTATION, FL 33324					
	City/ State and Zip Code					
	XAR.INTL@GMAIL.COM					
	9	sed for future annual report	notification)			
For further informati MARIA E ORIACH	on concerning this matter, plea	se call: 786	616 7645	SECRETA	2024 기타 구나	**
Name	of Contact Person		de & Daytime Telephone	Number	±	 U
Enclosed is a check f	or the following amount made	payable to the Florida Depa	urtment of State:	200 200 200 200 200 200 200 200 200 200	1.8 H : 21	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)) L. – r) <u>p.</u>	28	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CROQUELOVERS INC.

	of Corporation as curren	tly filed with the Florida Dept.	of State)		
P24000005263		202 (20)			
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation ad	opts the following	g amendment(s)	
A. <u>If amending name, enter the new n</u> N/A	ame of the corporation:				
				_Thenew	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp," "Inc," or "Co".	A professional corporation na			
B. Enter new principal office address,	if applicable:	524 NW 97th AVE	524 NW 97th AVE		
(Principal office address MUST BE A STREET ADDRESS)		PLANTATION, FL 33324			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		524 NW 97th AVE			
		PLANTATION, FL 33324	35	ာ သ	
			70 PR	= 17	
			7.32	<u> </u>	
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the nam	e of the		
new registered agent and/or the nev		<u>ss:</u>	1.1 - 1.1 1.1 - 1.1		
Name of New Registered Agent	N/A		(T) (f)	= ~~"	
			173. 173.	28	
	(Florida s	treet address)			
New Registered Office Address:	524 NW 97th AVE, PLA	NTATION,	Florida 33324		
The state of the s	(Ciţy)		Zip C	ode)	
New Registered Agent's Signature, if c thereby accept the appointment as regist	hanging Registered Agen	<u>it:</u>	A. 1		
nevery accept the appointment as regist	erea ageni 1 am jaminar	wan and accept the ordigations	oj ine position.		
	1/9	Registered Agent, if changing			
	Signature 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	$\overline{\text{b.t.}}$	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	VP	ALEJANDRO VAN DEN BUSSCHE	7524 NW 97th AVE
Add		fari	PLANTATION, FL 33324
X Remove			
2) Change	VP	ALEJANDRO VAN DEN BUSSCHE	524 NW 97th AVE
XAdd			PLANTATION, FL 33324
Remove Change			35 77
Add			
Remove			24 AF:
4) Change		_	
Add			F. 28
Remove			
5) Change		-	
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

N/A			
			
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		_	
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	-		
If an amendment provides for an exchange, reclassification, or cancellat provisions for implementing the amendment if not contained in the am	tion of issued shares.		
(if not applicable, indicate N/A)	enament usen:	. ~:	
N/A		2024	
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	(A) (A) (B) (B)		1- 44-
			11 Apr
	(A) (A) (B) (B)		1- 44-
	(A) (A) (B) (B)		1, 944 ———————————————————————————————————

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• • •	JUNE 19, 2024	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirer t of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the or approval.	: amendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amend	
	mendment(s) was/were sufficient for approval	
by	voting group)	
(voling group)	
06/19/2024 Dated		
selected, by an i	resident or other officer – if directors or officers hands of a receiver, trustee, ary by that fiduciary)	ave not been or other court
MARIA	E ORIACH PARIS	
 -	(Typed or printed name of person signing)	SECTION TO
P		
	(Title of person signing)	SSSVH TO ASS