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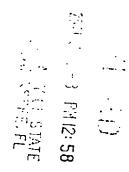
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07/03/24--01013--005 ++35.00

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COVER LETTER

TO: Amendment Section Division of Corporations	
\cap \circ \circ	szyn, Inc
DOCUMENT NUMBER: P 24 8)	0005560
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Antronais	Name of Contact Person
cho'zyn	Apparel Company, Inc
121 Parcy	Address
Haines C	
E-mail address: (to be used	monroe yahoo. Com d for future annual report notification)
For further information concerning this matter, please	call:
Antronairo Monros Name of Contact Person	at (<u>863</u>) <u>206 - 0253</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address 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

 \mathbf{of}

Chozy	n. Inc.	
(Name of Corporation as current	ly filed with the Florid	la Dept. of State)
P 2400	ØØ5560	*
	of Corporation (if known	n)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corpora	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Cho'z y Apparel Coname must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corpora	rated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable:		em
(Mailing address MAY BE A POST OFFICE BOX)	NA	
·		17.0 mg/s
		(A)
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		he name of the
Name of New Registered Agent N/A		
(Florida str.	eet address)	
New Registered Office Address:	·	. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was signature of New Ro	tith and accept the obliques	
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	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change		_ N/A	
Add			
Remove Change		N/A	
Add			Sign 78 11 11 11 11 11 11 11 11 11 11 11 11 11
Remove			2: 58 FEL
4) Change		_ N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		_ N/A	
Add			
Remove			

adding EIN Number	Please		
dding EIN Number # 99-329399:	3		
			
			150 150
			٠
		(0.1) (0.1) (1)	PH 12:
		FIAE	: 58
	cancellation of issue in the amendment it	d shares, self:	
If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained (if not applicable, indicate N/A)			
provisions for implementing the amendment if not contained			
provisions for implementing the amendment if not contained i			
provisions for implementing the amendment if not contained			
provisions for implementing the amendment if not contained i			

The date of each amendment(s) adoption: _date this document was signed.	<u> </u>	14.24		, if	other than the
Effective date if applicable:	6.14.	24 days after amendment file date,			
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicat of State's records.	ole statutory filing requirement	s, this date	will not l	be listed as the
Adoption of Amendment(s) (C	HECK ONE)				
The amendment(s) was/were adopted by th action was not required.	e incorporators, or bo	ard of directors without shareho	older action	and share	holder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The n	umber of votes east for the am	endment(s)		
☐ The amendment(s) was/were approved by t must be separately provided for each votin	he shareholders throug g group entitled to vo	gh voting groups. The followin te separately on the amendmen	g statemen t(s):	f	
"The number of votes cast for the am	endment(s) was/were	sufficient for approval			
by			<u> </u>		
(ve	oting group)		<u> </u>		
Dated 6.15.	24 7 CM		ASSEE, FL	3 PHI2: 5	
(By a director, pre selected, by an inc	sident or other officer corporator – if in the h y by that fiduciary)	- if directors or officers have rands of a receiver, trustee, or o	not been ther court	<u>. 9</u>	
_Ar	trenai (Typed or printed nai		nco	2	
	Presi	dent			