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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: INSTANTIO	INC
DOCUMENT NUMBER: P24000008283	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Patrick Hinchy	
	Name of Contact Person
	Firm/ Company
200 NE 1st Ave Unit 7	20
	Address
Pompano Beach, FL 33	.060
· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code
hinchypatrick@gmail.c	xom
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
Patrick Hinchy	at (631) 601-7208
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of Sta	
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations The Control of Tellahorson

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

INSTANTID INC	FILED
(Name of Corporation as currently) P24000008283	Z024 APR 16 AN 8: 55
(Document Number of Operation of Section 607.1006, Florida Statutes, this Florida Statutes, this Florida Statutes)	Corporation (if known)
	TALL SECTIONS
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	
Signature of New Re	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change	D	ASHLEY FERRARA	7858 LA MIRADA DR
Add			BOCA RATON, FL. 33433
X Remove			
2) Change	D	ALYSSA FERRARA	980 N FEDERAL HWY
Add			BOCA RATON, FL. 33432
X Remove 3) Change	D	FRANCES FERRARA	200 NE 1ST AVE UNIT 720
X Add			POMPANO BEACH, FL 33060
Remove			
4) Change	<u>S</u>	PATRICK HINCHY	200 NE 1ST AVE UNIT 720
X Ađd			POMPANO BEACH, FL 33060
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exchange or implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

• . •

The date of each amendment(s) adopt	ion:	, if oth
date this document was signed.	ì	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, the ment of State's records.	his date will not be listed a
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholde	r action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amend ent for approval.	ment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following so the voting group entitled to vote separately on the amendment(s)	tatement :
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	·"	
	(voting group)	
APRIL 9, 2024 Dated		
Signature		
(By a direct selected, by	or, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or othe iduciary by that fiduciary)	
PA	TRICK HINCHY	
 -	(Typed or printed name of person signing)	
VIC	CE PRESIDENT	
	(Title of person signing)	

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