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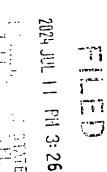
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Mouchi E	nterprise Incorporated
DOCUMENT NUMBER: 99-130	94497
The enclosed Articles of Amendment and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
_	Mouchi ame of Contact Person Orise, Tocorporated Firm/ Company
Jacksonville	Address
For further information concerning this matter, please call	: :
Name of Contact Person	at (904) 993-7963 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
Certificate of Status C	43.75 Filing Fee & S2.50 Filing Fee dertified Copy dditional copy is nclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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 of

	01
Mouchi Entero	prise Incorporated!
(Name of Corporat	tion as currently filed with the Florida Dept. of State), 0, 26
Paloon	2024 JUL 11 PM 3: 26
104000	Oloagoi
(Docu	ament Number of Corporation (if known)
arsuant to the provisions of section 607.1006, Florid Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the o	corporation:
	The new
ame must be distinguishable and contain the word "e Inc.," or Co.," or the designation "Corp," "Inc chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation "Corp.," "," or "Co". A professional corporation name must contain the word
. Enter new principal office address, if applicabl	la:
Principal office address MUST BE A STREET AD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) If amending the registered agent and/or registered agent and/or the new registered	ered office address in Florida, enter the name of the
new registered agent and or the new registered	Johne audiess.
Name of New Registered Agent	·
/	(Florida street address)
	The state of the s
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Re	gistered Agent:
tereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
/	

Signature of New Registered Agent, if changing

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	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	R.A.	Richard El Mauchi	2941 Townsend Blvd
Add Remove 2) Change Add	P	Richard El Mouchi	Jacksonville FL 32277 2941 Townsend Rdva Jacksonville FL
Remove 3) Change			32277
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

tach additional sheets, if necessary). (B	s, enter change(s) here: Be specific)
77.4	
	NIX
	- July
amendment provider for an avahance	as valuacification or an allegen of the delication
ovisions for implementing the amendm	ge, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	/ [}

The date of each amendment(s) adoption:, if other that	an the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated_July 2, 2024 Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Toseph El Meouchy (Typed or printed name of person signing)	
V/ P	