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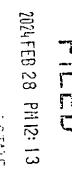
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:REVOI	LUTION RECOVERY CE	NTER INC		
DOCUMENT NUMBE		P24000012687			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspondent	ondence concerning this ma	tter to the following:			
		JULIO MALQUI			
	Name of Contact Person				
	MALQUI TAX				
_	Firm/ Company				
		6005 S DIXIE HWY			
-	Address				
_	WEST PALM BEACH, FL 33405				
		City/ State and Zip Cod	e		
		JULIOM93@HOTMAIL.	СОМ		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information of	concerning this matter, plea:	se call:			
JULIO MALQUI		at (
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amen Divisi P.O. B	ng Address dment Section on of Corporations lox 6327 assee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

FILED REVOLUTION RECOVERY CENTER INC 2024 FEB @mpor Corporation as currently filed with the Florida Dopt of State) S 16 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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	<u>PT</u>	John Doe		
X Remove	\underline{V}	Mike Jones		
X Add	\underline{SV}	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) X Change	MBR	DUSTIN BEZALEL	1111 HYPOLUNO RD	
Add			STE 207	_
Remove			LANTANA, FL 33462	
2) Change	MBR	ANTHONY MARTINO	THE HYPOLUXO RD	
X Add			STE 207	_
Remove 3.) Change			LANTANA, FL 33462	_
Add				
Remove				
41 Change				_
Add				_
Remove				_
5) Change				_
Add			- <u>-</u>	
Remove				_
6) Change				_
Add				
Remove				_

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch	iange reclassifies	ition or cancells	ation of iceuad che	rac
provisions for implementing the ame	ndment if not con	ntained in the ar	nendment itself:	ares,
(if not applicable, indicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> : _		11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	holder action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the at sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendme	•
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
02/21/ Dated	2024	
Signature (B) ch upp	or or officers have the officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	e not been other court
	JOSHUA A FALATOVICH	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)