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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BIM HEART INV	ESTMENTS INC		
DOCUMENT NUM	P24000014067			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:		
	ESTHER MARRERO			
	Name of Contact Person			
	EGM BUSINESS AND HOME SOLUTIONS			
	Firm/ Company			
	414 N. 4423 DEL PRADO B	ILVD		
	Address			
	CAPE CORAL, FL 33904			
	City/ State and Zip Code			
	ESTHER@EGMBUSINESSSOLUTIONS.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	n concerning this matter, plea:		244-1973	
Name of Contact Person		at t <u>863</u> Area Co) de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, F1, 32314	Amend Division The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810 ussee, F1, 32303	

Articles of Amendment to Articles of Incorporation of

BIM HEART INVESTMENTS INC		2024 bd (=3) /A 35 41	
(Name of Corporati	on as currently filed with th	ie Florida Dept. of State)	
P24000014067		•	
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridate Articles of Incorporation:	a Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendm	ieni(s
A. If amending name, enter the new name of the co	orporation:		
		The ne	14.
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc.," "chartered." "professional association," or the abbre	" or "Co". A professional	"incorporated" or the abbreviation "Corp.,	
3. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET ADL</u>	<u>:</u> DRESS)		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	AV.		
tstuting duaress <u>Stat BE A POST OF PICE BU</u>	<u></u>		
			
). If amending the registered agent and/or register	red office address in Florida	i, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
	(Florida sireet address)		
New Registered Office Address:		Florida	
	(City)	(Zip Code)	
Sew <u>Registered Agent's Sig</u> nature, if changing Reg	istered Agent:		
hereby accept the appointment as registered agent	I am familiar with and accept	t the obligations of the position.	
	ture of New Registered Agen	at if chancing	
. ngm	ame ig av a acgaieren agen	n y samsing	

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.

 $P \neq President; V \mid Vice President; T \mid Treasurer, S \mid Secretary; D \mid Director, TR \mid Trustee; C \mid Chairman or Clerk; CEO \mid Chief Executive Officer; CFO \mid Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	OLIVA, CRYSTAL	414 N. BREVARD AVE.
Add			ARCADIA, FL 34266
X Remove			
2) Change			
X Add			
Remove 3) Change	DIR	PASTOR CONTRERAS, TORIBIO	2606 NW HOWARD AVE
Add			ARCADIA, F1, 34266
Remove			
4) Change			
Add			
Remove			
51 Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	g or adding additional Articles, enter cha itional sheets, if necessary).— (Re specific)	ingerst nere.	
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			<u></u>
II an amend	tment provides for an exchange, reclassit	ication, or cancellation of iss	sued shares.
provisions	for implementing the amendment if not applicable, indicate N'(4)	<u>contained in the amendment</u>	itself:
(ij not i	аррисате, такан х А1		
		·	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory liling requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amsufficient for approval.	endment(s)
	pproved by the shareholders through voting groups. The followin or each voting group entitled to vote separately on the amendmen	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
selec	director, president or other officer – if directors or officers have ited, by an incorporator – if in the hands of a receiver, trustee, or officer fiduciary by that fiduciary) MELINDA M. HERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	