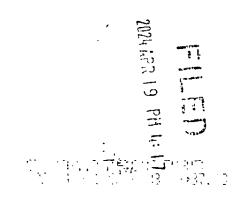
P24000017015

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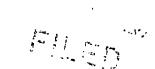
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>CASU</u>	O CORPORATION
DOCUMENT NUMBER: P24000	17015
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
ZAKI	Name of Contact Person
	Firm/Company ARIBOU CT.
KISSI MM	
	City/ State and Zip Code
	used for future annual report notification)
For further information concerning this matter, ple	at (407) 300 - 6067
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) 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 Articles of Incorporation



to

(Name of Corporation as curren	tly filed with the Florida Dept. of State) 2 / 9 F
CASLED CORPORATION	P24000 17015 . 11/1:17
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	314 WOODLAND DR
(Principal office address MUST BE A STREET ADDRESS)	EUSTIS , FL 32726
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	314 Waspland DC
	Eustis, FL 32726
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
1101/2	ARTIN IV
Name of New Registered Agent LLOYD IVI	DD
	reet address)
New Registered Office Address: EUSTIS	, Florida 32726
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am familiar	
<i>i 1</i> ,	
Signature of New 1	
Signature of New 1	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	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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	LLOYD MARTIN	314 WOODLANDIDR
_X Add			EUSTIS FL 32726
Remove		. 1	
2) Change	P	ZAKI YEMI	664 CARIBOU CT
Add			KISSIMMEE, FL 34759
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach ada	ig or auding audi litional sheets, if n	itional Articles, er vecessary). (Be s _i	iter enange(s) her pecific)	<u>v</u> .		
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<u>If an amen</u>	dment provides (for an exchange, r	eclassification, or	cancellation of is	sued shares,	
provision (if no.	s for implementir ' applicable, indica	<u>ig the amendmen</u> ate N/A)	t if not contained	in the amendmen	t itself:	

				·		

• . . .

The date of each amendment(s) adopt	ion:	, 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 block document's effective date on the Depart	does not meet the applicable statutory filing requiremen ment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareh	older 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 ament for approval.	endment(s)
	ed by the shareholders through voting groups. The following voting group entitled to vote separately on the amendmen	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
Dated 4 . 19	-2024	
Signature (\(\lambda\)	mattin IV	
(By adfrect)	or, president or other officer – if directors or officers have	
	an incorporator – if in the hands of a receiver, trustee, or duciary by that fiduciary)	Aner court
	11 cm () Madia W	
	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	