## P24000019112

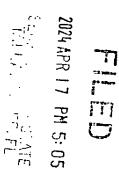
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	SIPSELECT CONCIERGE FINC.	
DOCUMENT NUMBER:	P24000019112	
The enclosed Articles of Amendme	and fee are submitted for filing.	
Please return all correspondence co	terning this matter to the following:	
E-mail:	Name of Contact Person  SIPSELFCT CONCIERGE INC.  Firm/ Company  Huckeberry Finn Druc  Address  Orlando, FL 32828  City/ State and Zip Code  Taracra ry Dhotmay/. com  dress: (to be used for future annual report notification)	
For further information concerning	nis matter, please call:	
Tora A C	at ( 407 ) 770 - 772  Area Code & Daytime Telephone Number	4
Enclosed is a check for the following	amount made payable to the Florida Department of State:	
<del>-</del>	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ate of Status  (Additional copy is enclosed)  (Additional Copy is enclosed)	
Mailing Address Amendment Sect Division of Corpe P.O. Box 6327		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation

of	
STOSELECT CONCIER	GE TNC. FILED
(Name of Corporation as currently	filed with the Florida Dept, of State)
P24000	00 19 11 2 ZUZ4 APR 17 PM 5: 05
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this J	Harida Profit Corneration adopts the following amendment(s) to
its Articles of Incorporation:	Torrida 1 right Comportation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Sip.Select Incorpora	Lod
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."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	Cuyı (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position
	in and the cept the samganens by the position.
Signature of New Re	gistered Agent, if changing
Check if applicable	

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:

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

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	<u>PT</u> <u>Johr</u>	<u>i Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Tora A Crary	12525 Hux Nelserry Final Oclardo, FC 32528
_X Add		O	Oclardo, FC 32528
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change			<del> </del>
Add			
Remove			

<u>If amending or adding additional Artic</u> (Attach <i>additional sheets, if necessary).</i>	(Be specific)
The state of the s	And Assistant
	Teller of the section
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

. .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $3/2/2$ (no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ 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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 4/10/24 Signature And a Cary	
Signature In a Cox	
(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)	_
Tara A Crary (Typed or printed name of person signifie)	
(Typed or printed name of person signification)	
CED	
(Title of person signing)	