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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SLVT CORP. P24000035882 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sonia Becerra Name of Contact Person Swyft Filings Firm/ Company . 3 Greenway Plaza #1320 Address Houston, TX 77046 City/ State and Zip Code chelseaannodonnell@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Becerra Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee S43.75 Filing Fee & SS 535 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32314 Tallahassee, FL 32303

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Articles of Am	endment			
to Articles of Inco	rporation			
of	•			
SLVT	CORP.			
(Name of Corporation as currently	filed with the Florida Dept. of State)			
P240000	35882			
(Document Number of C	Corporation (if known)	·	_	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	lorida Profit Corparation adopts the following	imendment(s) to	
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," "ca		he new		
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A factorised "professional association," or the abbreviation "P.A."	mpany, or incorporation name must contain professional corporation name must contain	Corp., the word		
B. Rater new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	2420 SW 45th Ave	S	202	
	Fort Lauderdale, FL 33317	53	A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2420 SW 45th Ave	SYEE CAPLE	024 AUG -7	
	Fort Lauderdale, FL 33317	0.0	339	1
		- 西 で で	AM	,
D. If amending the registered agent and/or registered office address. new registered agent and/or the new registered office address:	es in Florida, enter the name of the	ACINIO ACINIO	း ဘ	
Name of New Registered Agent				
(Florida stree	t address)			
New Registered Office Address:	, Florida			
K	Cip) (Zip Co	dej		
New Registered Agent's Signature, If changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.			
X				
Signature of New Reg	gistered Agent, if changing			
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.			

ich additional shrets if nece	onal Articles, enter chan essure), (Be specific)	eria) here:		
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smendment provides for	r an exchange, reclassific	ation, or cancellation	of issued shares.	
visions for implementing vif not applicable, indicate	the amendment if not co	entained in the amend	ment itself:	
ty ian applicable, statut	, (144)			
		<u> </u>		
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				<u>-</u>

Address of each Office (Attach additional shee Please note the afficer! P = President; V = Vic Executive Officer: CFO President, Treasurer, I) Changes should be note a change, Mike Jones Io Mike Jones, V as Remo Example:	r Andlar Director is, if necessary is the event in the interest in the interest in the interest in the irector would be to interest in the int	heing sides!: - first letter of the office title: - convert S= Secretary; D= Director; T 1 Officer, If m officer/director holds mor 2 TD. [1] - in some of Currently John Doe is listed a line. Selb Smith.	Meer/director being removed and title, name R* Trustee; C = Chairman or Clerk; CEO = e than one title, list the first letter of each office s the PST and Mike Jones is listed as the V. Th hese should be noted as Jahn Doe, PT as a Ch	Chief held wre is
X Change	PI John I	2005		A.
X Remove	<u>V Mike</u>	Jones .		
_X Add	SV Sally	Smith .		in the state of th
Type of Action (Cheek One)	Title	Name	Address .	1/4 / L
I)Change	DIR	CHELSEA O'DONNELL	207 WASHINGTONIA AVENUE APT	r8 · 🔏 📗
Add		•••	LAUDERDALE BY THE SEA, FL 333	308
X Remove				D Add
2)Change	DIR .	CHELSEA O'DONNELL	2420 SW 45TH AVENUE	
X Add		,	FORT LAUDERDALE, FL 33317	201
Remove 3)Change		·		ન કો. કો.
Add		•		
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6) Change			4., .	€.
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The date of each amendment(s) adoption	hi6/11/2024	if other than
date this document was signed. Effective date if applicable:	7 /24 / 24 (not more than 90 days after amendment file date	
Note: If the date inserted in this block de document's effective date on the Departme	oes not meet the applicable statutory filing requiremen	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareh	older action and shareholder
The amendment(s) was were adopted by the shareholders was were sufficient	y the shareholders. The number of votes east for the an	ocndment(s)
The amendment(s) was were approved must be separately provided for each v	by the shareholders through voting groups. The followi soting group entitled to vote separately on the amendmen	ng statement nt(s):
The number of votes east for the	e amendment(s) was/were sufficient for approval	•
by	(voting group)	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Dated 7/24/21	4	
Signature	ra Donnelli	:
/By a director selected, by a	, president or other officer – if directors or officers have in incorporator – if in the hands of a receiver, trustee, or uciary by that fiduciary)	
	CHELSEA O'DONNELL	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	

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