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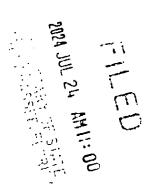
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		
ALM Capital Gr	oup Inc	
Please Debit FCA	A000000003 For: 35	
Thank you Seth ?	Veelev	
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	<u> </u>	Art of Inc. File
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		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend. File
		RA Resignation
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: ALM CAPITAL	GROUP INC DBA FUNDI	MAX		
	MBER: P24000036188				
	vies of Amendment and fee are s	submitted for filing.			
Please return all co	rrespondence concerning this m	atter to the following:			
	ARIEL MILLER				
		Name of Contact Perso	on		
	ALM CAPITAL GROUP IN	NC			
		Firm/ Company			
	551 NW 77TH ST SUITE I	00			
	Address				
	BOCA RATON FL 33487				
		City/ State and Zip Cod	le		
	ALMWHOLESALECORP(@GMAIL.COM			
	E-mail address: (to be u	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
ARI MILLER		at (\$586681		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:		
□ \$35 Filing Fee	☐\$43.75 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)		
Mailing Address Amendment Section			Address ment Section		
Div	rision of Corporations	Division of Corporations			
). Box 6327 lahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
1 A1411B3SCC, PL 32314		Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILEU

2024 JUL 24 AM 1: 00 ALM CAPITAL GROUP INC (Name of Corporation as currently filed with the Florida Dept, of State) P24000036188 saas talk (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: **FUNDMAX INC** 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." 551 NW 77TH ST B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE 100 **BOCA RATON FL 33487** 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: DANIEL MILLER Name of New Registered Agent 551 NW 77TH ST SUITE 100 (Florida street address) , Florida_ **BOCA RATON FL 33487** New Registered Office Address (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment wregispered agent. I am familiar with and accept the abligations 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	PI	John Doc	
X Remove	¥	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	CEO	DANIEL MILLER	551 NW 77TH ST
X Add			SUITE 100
Remove			BOCA RATON FL 33487
2) Change	CEO	ARIEL MILLER	100 NW 69TH CIR #15
Add			BOCA RATON FL 33487
X Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(or adding addition onal sheets, if neces	xary). (Be specifi	(c)			
						
						
						
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	nt provides for t	n exchange, recl	assilication, or c	ancellation of iss	ued shares.	
rovisions for	int provides for a	te amendment if	not contained in	the amendment	<u>nsell:</u>	
(if not app	licable, indicate l	V/A)				

• .

The date of each amendment(s) as date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b locument's effective date on the De	fock does not meet the applicable statutory filing requirements, this date partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	on and shareholder
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes cast for the amendment(fficient for approval.	's)
	roved by the shareholders through voting groups. The following statement of the shareholders through voting group entitled to vote separately on the amendment(s):	venu
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by ARIEL MILLER	<u>,-</u>	
	(voting group)	
	ector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other cour	
	ed fiduciary by that fiduciary)	•
	ARREL MUER	
_	(Typed or printed name of person signing)	
	(10)	
-	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: ALM CAPITAL	GROUP INC DBA FUNDI	MAX		
	MBER: P24000036188				
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Please return all con	respondence concerning this m	atter to the following:			
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		Firm/ Company			
	551 NW 77TH ST SUITE I	00			
	Address				
	BOCA RATON FL 33487				
		City/ State and Zip Cod	e		
	ALMWHOLESALECORP(@GMAIL.COM			
	E-mail address: (to be u	sed for future amual report	notification)		
For further information	n concerning this matter, plea	se call:			
ARI MILLER		26 l) 5586681 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	рвуаble to the Florida Depi	artment of State:		
S35 Filing Fee	☐\$43.75 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)		
Mailing Address			Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O.	Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			