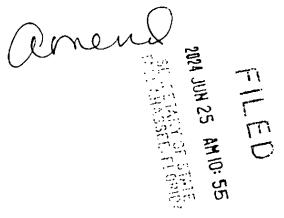
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PUHA

DATE: 06/25/24

NAME: INTERNATIONAL HOSPITALITY ASSOCIATES INC

TYPE OF FILING: AMENDMENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: INTERNATIONA	L HOSPITALITY ASSOC	IATES INC
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	etter to the following:	
J(OSHUA FOSTER		
_		Name of Contact Person	1
		Firm/ Company	
l i	4 E TARPON AVE., #5		
		Address	
T.	ARPON SPRINGS, FL 34	689	
		City/ State and Zip Cod	e
11	TLHOSPITALITYASSOC	CIATES@GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, plea	se call:	
JOSHUA FOSTER		at (⁷²⁷) 510-6706
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 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 Division of Corporations		Amend	Address Iment Section on of Corporations
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

INTERNATIONAL HOSPITALITY ASSOCIATES INC

2024 JUN 25 AM 10: 55

(Name of Corpora	ation as currently filed with the Florida Dept. of State) STALE
P24000042555	THE SEE FLORIDA
(Docu	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the	corporation:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Corp.," c," or "Co". A professional corporation name must contain the word breviation "P.A."
3. Enter new principal office address, if applicable	ole:
Principal office address <u>MUST BE A STREET AD</u>	DDRESS)
Enter new mailing address, if applicable:	2010
(Mailing address MAY BE A POST OFFICE B	(OX)
). If amending the registered agent and/or regist	tered office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Avent	
	(Florida street address)
	, Florida
New Registered Office Address:	27:- C-J-1
New Registered Office Address:	(City) (Zip Code)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	
New Registered Agent's Signature, if changing Re	legistered Agent:
New Registered Agent's Signature, if changing Re	legistered Agent:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	JOSHUA FOSTER	114 E. TARPON AVE
Add	· · · · ·		TARPON SPRINGS, FL 34689
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			_

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	-

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The date of each accordance	06/25/2024	26 . 15 15 15
The date of each amendmend date this document was signed		, if other than th
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	··
	this block does not meet the applicable statutory filing requirements, this date with Department of State's records.	rill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
6/25/	2024	
Dated Signature	Sonting Foster	
Š	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	JOSHUA FOSTER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	