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2024 SEP 13 PH 1: 17

COVER LETTER

TO: Amendment Section Division of Corporations

,

NAME OF CORPO	RATION: ALL DAY DRYW	ALL INC		
DOCUMENT NUM	BER: P24000052930			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	HECTOR CERRILLO			
		Name of Contact Persor	1	
		Firm/ Company		
	2360 FOREST BLVD			
	JACKSONVILLE, FL 32246	Address		
	City/ State and Zip Code			
	on concerning this matter, please			
EZEQUIEL GUILLE	of Contact Person	at (at (de & Daytime Telephone Number	
,	or the following amount made		:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address Iment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently f	filed with the Florida Dept. of State)
P24000052930	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> ts Articles of Incorporation:	lorida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	777
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 addres	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Besidened Annual	1 ; 1 ;
Name of New Registered Agent	
(Florida street	
(Florida sireei	t address)
(* 10. 110	
New Registered Office Address:	, Florida

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)

Example:

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 Do	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change((Be specific)	s) here:			
ADD THE EIN NUMBER 99-4516840	(Be speege)				
·					
			<u>.</u>		
					-
		. .			
		· ·			
				 ··	
					
F. If an amendment provides for an excha provisions for implementing the amen	<u>inge, reclassificati</u> dment if not conta	on, or cancellation	on of issued shar ndment itself:	res,	
(if not applicable, indicate N/A)					
1 800					
					

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	09/05/2024	
The date of each amendmen	nt(s) adoption:	, if other than the
date this document was signe		
Effective date if applicable:	09/05/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after an	nendment file date)
	this block does not meet the applicable statutory the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of direct	ors without shareholder action and shareholder
	ere adopted by the shareholders. The number of vovere sufficient for approval.	ites cast for the amendment(s)
	ere approved by the shareholders through voting greed for each voting group entitled to vote separately	
"The number of vot	es cast for the amendment(s) was/were sufficient fo	r approval
by		
	(voting group)	
09/0	5/2024	
Dated		
Signature _	Heder Cerrello	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
	HECTOR CERRILLO	
	(Typed or printed name of person	n signing)
	PRESIDENT	
	(Title of person signing)	

, . . .