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(Requ	estor's Name)
- (Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fill	ing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SILVER CREST V	ENTURES, INC.		
	1BER:			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	MATTIEW G. MOORE			
		Name of Contact Persor	1	
	SILVER CREST VENTURE	S. INC.		
		Firm/ Company		
	3815 MORGONS CASTLE O			
		Address		
	LAND O LAKES, FL. 34638	3		
		City/ State and Zip Code	· ·	
	matt'a _s silvercrestventures.net			
	h-mail address: (to be us	sed for future annual report	notification)	
For further informati	ion concerning this matter, plea-	se catt		
MATTHEW MOOF	U E	at + 813	293-7333	
Name	e of Contact Person	at (813) 293-7333 Area Code & Daytime Telephone Nur		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ār Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee 8. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SILVER CREST VENTURES INC.

(Name of Corporatio	on as currently filed with the Fl	lorida Dept, of State)
G24000120223		
(Docum	ent Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Cor	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "co" "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered" "professional association" or the abbrev B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	or "Co", A professional conviction "P.A"	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u>Y</u> ,	50 8: 8: 50
D. If amending the registered agent and/or register new registered agent and/or the new registered of		iter the name of the
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·
	(Florida street address)	
New Registered Office Address:	a caya	, Florida
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I		e obligations of the position
	ture 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, F. Freasurer, S. Secretary, D. Director; TR. Frustee; 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 Poe 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	ndol. 14	<u>i Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Litle	Name	<u>Address</u>
1) Change	PIDS	MOORE, MATTHEW G	3815 MORGONS CASTLE CT
Add			LAND O LAKES, FL 34638
X Remove			
2)Change	DIRECT	PONTILLO, ALEXANDER A	4164 NW 2nd Ferrace
X Add			BOCA RATON, FL 33431
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5r Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach ad	ng or adding a ditional sheets, .	if necessary).	(Be specific	:1				
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<u>If an ame</u>	ndment provid	es for an exch	ange, reclas.	sification, or o	cancellation of	fissued shares	<u> </u>	
provision	ns for impleme or applicable, in	nting the ame	nament it no	ot contained in	the amendm	ent itself:		
vit	a opportunit. In							
				 -				
	_	,						
	-							
	 .							

The date of each amendment(s) ad late this document was signed.	loption;	i if other than th
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dipartment of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment efficient for approval.	(8)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ભા
"The number of votes cast	for the amendment(s) was were sufficient for approval	
hy		
	(voting group)	
09/26/2024 Dated		
Signature	irector, psignate in ASMAP (AH) 22r - it directors or officers have not been	
selected	rector, president of other officer = 11 directors or officers have not been d, by an incorporator = if in the hands of a receiver, trustee, or other couled fiduciary by that fiduciary)	
	MATTHEW G MOORE	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)