P25000035629

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TO: Amendment Section Division of Corporations

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วการ AUG 26 PM 2: 34

NAME OF CORPORATION: LOOMINE I	DIGITAL INC	SENTALI AMASSEE, FL
DOCUMENT NUMBER: P25000035629		
The enclosed Articles of Amendment and fee a	ore submitted for filing	
The enclosed Articles of Amendment and fee a	are submitted for filling.	
Please return all correspondence concerning th	nis matter to the following:	
	JOSE LEON	
	Name of Contact Person	
	LBS - LEON BUSINESS SERVICES	
	Firm/ Company	
	8333 W MCNAB RD STE 114	
-	Address	
	TAMARAC, FLORIDA 33321	
	City/ State and Zip Code	
	info@leonbusineservices.com	
E-mail address: (to	be used for future annual report notificat	ion)
For further information concerning this matter	, please call:	
JOSE LEON	at (954) 323- Area Code & Da	9074
Name of Contact Person	Area Code & Da	ytime Telephone Number
Enclosed is a check for the following amount r	made payable to the Florida Department o	of State:
S35 Filing Fee S43.75 Filing Fe Certificate of Sta	ttus Certified Copy Cert (Additional copy is Cert enclosed) (Ad	1.50 Filing Fee tificate of Status tified Copy ditional Copy nclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Street Address Amendment Se Division of Cor The Centre of 2415 N. Mont	ction porations

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

LOOMINE DIGITAL INC

2025 AUG 26 PM 2: 34

G Table U	of Corporation as curreп	tly filed with the Flor	ida Dent. of State)
\ <u></u>	P25000		TALLAHASSEE, FI
	(Document Number	of Corporation (if kno	
ursuant to the provisions of section 607. S Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corpo	pration adopts the following amendment
If amending name, enter the new na	ume of the corporation:		
ime must be distinguishable and contain Inc.," or Co.," or the designation "C :hartered," "professional association,"	orp," "Inc," or "Co".	A professional corpo	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		8333 W MCNAH	RD
		STE 114 6J	
		TAMARAC, FL	33321
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		8333 W MCNAB	RD
		STE 114 6J	
		TAMARAC, FL	33321
. If amending the registered agent an new registered agent and/or the new			r the name of the
Name of New Registered Agent	PIDEELE INC		
	8333 W MCNAB RD ST	E 114	
New Registered Office Address;	(Florida s	treet address)	
	TA	MARAC	, Florida
New Registered Office Address:		(City)	(Zip Code)

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 are moved 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 = 999 EsAUG 26 CHENNA; 34 lerk; 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. Scarling + Sing Changes should be noted in the following manner. Currently John Doe is listed as the PST and Alike Joings 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 <u>PT</u> John Doe X Remove Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) $1) \ \underline{\overset{X}{-}} \ Change$ JUAN C PARDO 8333 W MCNAB RD STE 114 6J ____ Add TAMARAC, FL 33321 __Remove X Change WELLNESS FUSION INDUSTRIES 8333 W MCNAB RD

STE 114.6J ____ Add TAMARAC, FL 33321 __ Remove 3) ____ Change ___ Add ___ Remove 4) ____ Change ___ Add ____ Remove 5) ____ Change ___ Add Remove 6) ____ Change ____ Add ____ Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	FILED
ONLY AMENDING:	7075 AUG 26 PM 2: 34
PRINCIPAL ADDRESS AND MAILING ADDRESS	SEUFLINGTI HI STATE
REGISTERING AGENT AND REGISTERING AGENT ADDRESS	THE ATTROSEET L
MEMBERS ADDRESS	
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F. If an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment	
(if not applicable, indicate N/A)	
	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	FILED
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	Chis date 2611 PM b 2 fisted as the Street ALLAHASSEE, FL
Adoption of Amendment(s) (CHECK ONE)	ALLAHASSEE, FL
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	ler action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president of other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
JULIAN S PARDO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	