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2022 FEB 28 AM 10: 16
SECRETARY OF STATE
TALLAHASSEE, FI

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COI	RPORATION: Prom Resources Ir	nc			
DOCUMENT N	P96000018229				
The enclosed Ar	ticles of Amendment and fee are su	ibmitted for filing.			
Please return all	correspondence concerning this ma	atter to the following:			
	Saeb Jannoun				
		Name of Contact Person	1		
	Prom Resources Inc				
	Firm/ Company				
	13935 Lynmar Blvd				
		Address			
	Tampa, Florida 33626				
		City/ State and Zip Cod	e		
	sacb@jannoun.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further infor	mation concerning this matter, plea	se call:			
Saeb Jannoun		at (240-4086		
Name of Contact Person Area Code & Daytime Telephone N			de & Daytime Telephone Number		
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing F	ce \$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation of

FILED

2022 FEB 28 AM 10: 16

Prom Resources Inc	STELLED FO. WILLIO: 10
(Name of Corporation as cu	rrently filed with the Florida Dept. of State RE WAY OF STATE
P96000018229	TALLAHASSEE, FL
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Muning address MAT BE A TOST OF TICE BOX)	
D. If amending the registered agent and/or registered offic	e address in Florida enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
I nereby accept the appointment as registered agent. I am jan	miliar with and accept the congations of the position.
Signature of i	New Registered Agent, if changing
Chack if applicable	
I NACY II GRAIICGAIA	

☐ 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Atta	nending or adding additional Arti ch additional sheets, if necessary).	(Be specific)				
Amend	the FEI/EIN Number to 88-087681	5	-			
						-
•					· -	
			11 100			
			·			
				-		
			•			
				_		
F. If a	amendment provides for an exch	iange, reclassificatio	on, or cancellatio	n of issued share	s.	
pro	visions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ined in the amer	ndment itself:	-	
-		· -			<u> </u>	
			· · · · · · · · · · · · · · · · · · ·			-
				• •		
						
				· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
February Dated	24, 2022	
Signature		
(By a	director, president or other officer in directors or officers have not be	
	sted, by an incorporator – if in the hands of a receiver, trustee, or other	court
арро	inted fiduciary by that fiduciary)	
	Saeb Jannoun	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	