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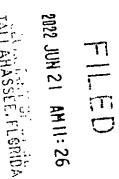
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COVER LETTER

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TO: Amendment Section Division of Corporations

2022 JUN 21 PM 12: 19

NAME OF CORPO	DRATION: FOREMOST MAN	NAGEMENT COMPA	NY STELLANDER SETE
	1BER: P96000036401		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cort	respondence concerning this ma	tter to the following:	
	Cyntia Alvarino		
	<u> </u>	Name of Contact Pe	rson
	Foremost Management		
		Firm/ Company	
	3016 SW 20th ST. #I-108		
·		Address	
	Ocala, Florida 34474		
		City/ State and Zip (Code
	foremost.cindy@yahoo.com		
	E-mail address: (to be us	sed for future annual re	port notification)
For further informat	ion concerning this matter, pleas		
		at (Code & Daytime Telephone Number
Name	e of Contact Person	Area	Code & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida I	Department of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 illahassee, FL 32314	An Div Th	reet Address nendment Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

N/A			
(Name of Corporation as curre	ntly filed with the Floric	la Dept. of State)	
N/A			
(Document Number	r of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis <i>Florida Profit Corpord</i>	ation adopts the following amendme	nt(s)
A. If amending name, enter the new name of the corporation:			
N/A		The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.)	A professional corpora	rated" or the abbreviation "Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	2022 TALL	
. 3		JUN 2	Π =
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SSEC. F	ŋ
(Mulling dutiess MAT DE ATOST OFFICE BOX)		⊕ 71: 26	ر
D. If amending the registered agent and/or registered office as		the name of the	
new registered agent and/or the new registered office addr	ESS:		
Name of New Registered Agent N/A	<u> </u>		
(Florida	street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia		ligations of the position.	
	n :		
Signature of New	v Registered Agent, if cha	nging	

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:

(Altach 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Cynthia Alvarino	3016 SW 20th ST, #I-108
X Add			Ocala, Florida 34474
Remove			
2) Change			
Add			
Remove 3) Change			2022 V
Add			JUN 2
Remove			
4) Change			
Add			97 11: 26 BRIBA
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

(Akach additional shee	ets, if necessary).	(Be specific)				
N/A	· · · · · · · · · · · · · · · · · · ·	•				
						
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F. If an amendment pro	vides for an excl	hange, reclassifi	cation, or cance	ellation of issued sh	ares.	
provisions for imple	menting the ame	endment if not c	ontained in the	amendment itself:		
(if not applicable	e, indicate N/A)					
N/A						
			<u> </u>			
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			<u> </u>			

The date of each amendment(s) a late this document was signed.	idoption:	_, if other than the
	15/2022	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this blocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were ad- by the shareholders was/were si	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	2022
☐ The amendment(s) was/were ap must be separately provided for "The number of votes cast	sufficient for approval. Approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): It for the amendment(s) was/were sufficient for approval	FILED AMIL:
THE HUMBER OF VOICES COST	Tic.	≥ M
	·	<u> </u>
by 06/15/2022 Dated	(voting group)	D (
Dated		· N
Dated	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	· N