## P97000082554

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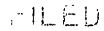
A. RAMSEY MAR -8 2024

## COVER LETTER .

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AW WHOLESALE	ERS, INC.	
DOCUMENT NUMBI	ER:		
	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	AMES ZUCKERMAN		
<u></u>	·· <u>·</u> ··	Name of Contact Person	1
I	AW WHOLESALERS, INC.		
_		Firm/ Company	
8	309 GRAND MESSINA CI	RCLE	
_		Address	<u></u>
1	BOYNTON BEACH, FL 33-	172	
-	· ·	City/ State and Zip Cod	e
:	unherstw@att.net		
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		540-8492
Name of Contact Person		at ( Area Co	) 540-8492 de & Daytime Telephone Number
	the following amount made		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, 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 to Articles of Incorporation of



AW WHOLESALERS, INC.		2024 FEB 21 PM 1: 07
(Name of Corporation	on as currently filed with th	
P97000082554		i Ani of Code Victorial Code
(Docum	nent Number of Corporation (	(if known)
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
	<u>-</u>	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	or "Co". A professional	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
	<del>-</del>	
	-	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u> )	
	<del></del> -	
		<del></del>
D. If amending the registered agent and/or register	ed office address in Florida	a, enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent		
	(Florida street address)	<del>-</del>
New Registered Office Address:		. Florida
to the state of th	(Ciṇ)	(Zip Code)
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered agent.	Lam familiar with and accep	of the obligations of the position.
	ture of New Registered Ager	nt if changing
Signa	ниге од исм кедімегей Адег	n, y 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; 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	∆ddress
1) Change	SECRETARY JAMES A. ZUCKERMAN	8309 GRAND MESSINA CIRCLE
X Add	,	BOYNTON BEACH, FL 33472
Remove		
2) Change		
Add		
Remove 3) Change	<del></del>	
Add		
Remove		
4) Change		_
Add		· · · · · · · · · · · · · · · · · · ·
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		•

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	on, or cancellation of issued shares, ained in the amendment itself:	Attach additional sheets, if necessary).	(Be specific)			
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(if not applicable, indicate N/A)		provisions for implementing the ame	<mark>ndment if not c</mark> o	ntained in the am	endment itself:	
		(if not applicable, indicate $N/A$ )				
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The date of each amendment(s) ad date this document was signed.	pption:, if other than the
Effective date <u>if applicable</u> :	
<u>-</u>	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopted action was not required.	sted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	·`
	(voting group)
02/15/2024 Dated	
Signature	(es 1 Burguman)
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – it in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
J	UDY S. ZUCKERMAN
-	(Typed or printed name of person signing)
i	PRESIDENT

(Title of person signing)