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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Investment of MEAME, CORP. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: : & M Investment of MIAMI, Corp. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STUTA GUZMAN. at (786) 229-3142.

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment to Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address if applicable: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (City) (City) (City) (City) (City) (City) (City) (City)	(Document Number of	Corporation (if known)			
The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or Co., " or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word chartered," "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS } C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)		<i>Torida Profit Corporation</i> adop	ots the followin	g am e n	dment(
Inter new principal office address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered Agent (Florida street address) Name of New Registered Agent New Registered Office Address: (City) (Tip Code)	. If amending name, enter the new name of the corporation:				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent New Registered Office Address: (City) (Zip Code)	Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A	ompany," or "incorporated" or professional corporation nan	the abbreviation the must contain	n "Cor	rp., ''
Mailing address MAY BE A POST OFFICE BOX			· · · · · · · · · · · · · · · · · · ·		_ _
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)			SECRETAL SECRETARIAS	2024 AUG - 7	FIL
(Florida street address) New Registered Office Address:, Florida, City) (Zip Code)	new registered agent and/or the new registered office address:	ess in Florida, enter the name	OF STATE	AM 9: 02	E D
New Registered Office Address:, Florida	Name of New Registered Agent			-	
(City) (Zip Code)	(Florida stre	et address)		-	
				Code)	_
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations o	f the position.		

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.

X Change	<u>PT</u>	John Do	<u>e</u>							
X Remove	<u>V</u>	Mike Jo	nes							
X Add	<u>sv</u>	Sally Sn	nith							
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				<u>lres</u> s			
1) Change	I	_	MIC	nael	Guzma	· n	916	<u>w 4</u>	5 P/r	<u>ع</u> دو .
Add							1IA	lear	1 F1	<u>م</u> .
Kemove								3301		-
2) Change										_
Add										_
Remove 3) Change		_			<u>.</u>			<u></u>		-
Add								-		-
Remove										
4) Change		_								_
Add										_
Remove										
5) Change		_								_
Add										-
Remove										
6) Change		_								_
Add										_
Remove										_

ttach <i>additional s</i>	ding additional Art sheets, if necessary).	(Be specific)			
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lf an amendment	provides for an excl	hange reclassificat	tion, or cancellation	of issued shares.	
nrovisions for im	nlementing the ame	endment if not con	tained in the amend	ment itself:	
(if not applied	ible, indicate N/A)				
(5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

The date of each amendment(s) adop	ion: 06-01-2024. if other than the
date this document was signed.	07-01-2024.
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopte action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopte by the shareholders was/were suffice.	by the shareholders. The number of votes east for the amendment(s) ent for approval.
☐ The amendment(s) was/were approv	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	he amendment(s) was/were sufficient for approval
by	
,	(voting group)
Dated	heia Leyman
(By a directed, by a directed, by a directed, by a directed, by a directed by a direct	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
	SI ma Gurman.
	(Typed or printed name of person signing)
	Resilet
	(Title of person signing)

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