## P99000109039

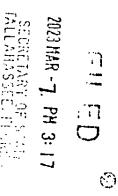
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Special Instructions to	Filing Officer:	
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Babor Americas Ir	oc.		
DOCUMENT NUM	1BER: P99000109039			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	itter to the following:		
	Jason Giller			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n	
	Jason B. Giller, P.A.			
	-	Firm/ Company		
	1111 Brickell Avenue, Suite	1550		
		Address		
	Miami, FL 33131			
	<del></del>	City/ State and Zip Code	<u> </u>	
	jason@gillerpa.com; hilary	v@gillerpa.com: iren@gille	erpa.com	
		sed for future annual report	•	
For further informati Iren Kovalli	ion concerning this matter, plea	se call:	_) 999-1906	
Name	e of Contact Person		) de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$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			Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment



Babor Americas Inc.

(Name of Corporation as currently filed with the Florid P99000109039 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Not Applicable The new name 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." Not Applicable B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: Not Applicable (Mailing 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: Not Applicable Name of New Registered Agent (Florida street address) Not Applicable New Registered Office Address: \_, Florida<sub>.</sub> (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if 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)

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> 15.1.</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	C	Tim Waller	2980 NE 207th Street, Suite 402
Add			Aventura, FL 33180
Remove			
2) Change	CEO	Tim Saunier	2980 NE 207th Street. Suite 402
X Add			Aventura, FL 33180
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			·
Remove			<del></del>
5) Change		<del></del>	
Add			
Remove			
6) Change		_	
Add			
Remove			

Applicable				
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an amendment provides for an exchange, reclassificati	<u>ion, or cancellatio</u>	n of issued shar	es,	
orovisions for implementing the amendment if not cont (if not applicable, indicate N/A)	ained in the ame	<u>idment itself:</u>		
Applicable				
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The date of each amendment(s	) adoption:	, if other than the
fate this document was signed.		
Effective date <u>if applicable</u> :	02/28/2023	
	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder as	ction and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	n(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
hy		
	(voting group)	
Signature(By	-28-22  Aurector, president or other officer – if directors or officers have not beested, by an incorporator – if in the hands of a receiver, trustee, or other ex	
	inted fiduciary by that fiduciary)  Tim U4UUF	
	(Typed or printed name of person signing)	
	(Title of person signing)	

. . .