From: Henri Bardhi 1/14/22, 10:13 AM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000018967 3)))



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Division of Corporations

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: (850)617-6380

Account Name : BURKE FAULKNER LAW, P.A.

Account Number : I20150000064

: (727)781-7428

Phone

: (727)502-6064

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

| Email Address: | |
|----------------|--|
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COR AMND/RESTATE/CORRECT OR O/D RESIGN GOLD'N BRACES, INC.

| Certificate of Status | 0 |
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COVER LETTER

| Division of Corpora | ations | | |
|---------------------------|---|---|---|
| NAME OF CORPORA | TION: GOLD'N BRACES | s, INC. | |
| DOCUMENT NUMBE | \$602\$4 | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this ma | tter to the following: | |
| R | OBERT C. BURKE, JR. | | |
| | | Name of Contact Person | |
| В | URKE FAULKNER LAW, | P.A. | |
| _ | | Firm/ Company | |
| 3 | 937 TAMPA ROAD, SUIT | E 2 | |
| | | Address | |
| C | LDSMAR, FL 34677 | | |
| | | City/ State and Zip Code | |
| В | OB@BURKEFAULKNER | LAW.COM | |
| _ | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | concerning this matter, pleas | se call: | |
| ROBERT C. BURKE, I | TR. | at (| 939-4900 de & Daytime Telephone Number |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | ariment of State: |
| ■ \$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) |
| Amen Divisi P.O. E | ng Address dment Section on of Corporations 30x 6327 hassee, FL 32314 | Amend Divisio The Co 2415 N | 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 (((H22000018967 3)))

| GOLD'N BRACES, INC. | | - |
|---|---|-------------------|
| (Name of Corporation as currently fi | led with the Florida Dept. of State) | |
| S60284 | | |
| (Document Number of Co | orporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation: | erida Profit Corporation adopts the following an | endment(s) |
| A. If amending name, enter the new name of the corporation: | | |
| DURYEA ENTERPRISES, INC. | <i>Th</i> | e new |
| name must be distinguishable and contain the word "corporation," "con "Inc" or Co.," or the designation "Corp," "Inc." or "Co". A p "chartered," "professional association," or the abbreviation "P.A." | npany," or "incorporated" or the abbreviation "(professional corporation name must contain th | Corp.," e word |
| 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) | 2022 · · · | |
| D. If amending the registered agent and/or registered office address | s in Florida, enter the name of the | |
| new registered agent and/or the new registered office address: | 声 5 | |
| Name of New Registered Agent | 2 | |
| (Florida street | address) | |
| • | | |
| New Registered Office Address: (C | ity) , Florida (Zip Code | •) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Reg | h and accept the obligations of the position. istered Agent, if changing | |
| 2.6 = 9, 1.4 16 | | |
| Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e) |), F.S. | |

From: Henri Bardhi

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 | <u>PT</u> | John Doe | |
|-------------------------------|---------------|-------------|-----------------|
| X Remove | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | . | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | - | |
| Remove Change | | | |
| Add | | | |
| Remove | | | **- |
| | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |
| 12011014 | | | |

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | (((H22000018967 3 |
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| If an amendment provides for an exchange, reclassification, or cancellation | n of iccurd shares |
| provisions for implementing the amendment if not contained in the amen | dment itself: |
| (if not applicable, indicate N/A) | |
| | |
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To:

Fax: (850) 617-6380

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| The date of each amendment(s) adoption:, if other than th |
|--|
| 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 block does not meet the applicable statutory filing requirements, this date will not be listed as th document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval |
| by |
| (voting group) |
| Dated /14/22 Signature Dead Dead Dead Dead Dead Dead Dead Dea |
| (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court |
| appointed fiduciary by that fiduciary) |
| PAUL R. DURYEA |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |