# Poacooga83

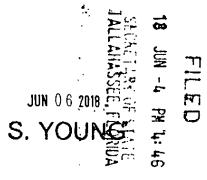
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#### COVER LETTER

TO: Amendment Section Division of Corpor				
NAME OF CORPOR	ation: Bic	Thugs, =	TNC	
DOCUMENT NUMBI	ER:	<u> </u>	096285	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		Name of Contact Person  Bu Th 19  Firm Company  Sac 151  Address  Sac 17 Lo  City/ State and Zip Code	S, INC.  S SWASINGS  C'C, FI 30  ESMAL. com	<u>1</u> 953
	concerning this matter, pleas			
Brian Min	110/5co77 Contact Person	Coolsy at ( 541 Area Coo	.) 706 - 563 de & Davtime Telephone Numb	0/561-706-638,
	the following amount made			,
□ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
		_		

#### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

αf

Bug Things, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

PO	2000096283
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  Bug Thags, Enc., Ou7s, name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	18232 104 <sup>TH</sup> TerrACE 5. BOCA RATOM FC 33498
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	1519 Sw Asing don Ave Port Saint Lucie, Fl 34953
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	-N-N
(Florida s	treet address)
New Registered Office Address:	(City) Florida A - Code Tap Co
New Registered Agent's Signature, if changing Registered Aget I hereby accept the appointment as registered agent.—I am familian	it:
I heren, accept the application as registered agent. I talk juintuit	with and accept the obligations of the positions.
Signature of Nevy	Registered Agent, if changing

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>\$V</u> <u>Sall</u>	l <u>y Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	/	-A//	
Add		/V / 1A	
Remove			
2) Change			
Add	(		
Remove	/		
3 ) Change			
Add	/	/ / //	
Remove			
4) Change			<u> </u>
Add		1	
Remove	,	, /	
5) Change		N/n	
Add		TAR	
Remove			
6) Change	+		
Add Remove		<b>V.</b>	
Kemove			.1

Page 2 of 4

. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
/ V /
<u> </u>
/ 1//
<del></del>
If an annual most provides for an exchange realize iffection or consultation of it and shows
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)
(
$^{\prime}$ $^{\prime}$ $^{\prime}$ $^{\prime}$

The date of each amendment(s) adoption: _date this document was signed.	01	Dun	201	8	, if other than the
Effective date if applicable:	0(	Jun	2018	·	
	(no moi	e than 90 day.	after amendme	nt file date)	
Note: If the date inserted in this block does document's effective date on the Department of			statutory filing :	requirements, this date wi	Il not be listed as the
Adoption of Amendment(s) (C	HECK ON	( <u>E</u> )			
the amendment(s) was/were adopted by the shareholders was/were sufficient fo	e sharehold r approval.	lers. The numb	per of votes cast	for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voting					
"The number of votes cast for the am	endment(s)	was/were suff	icient for approv	al —	
by	MA			**	
. —	oting group	))		- <b>-</b>	
The amendment(s) was/were adopted by the action was not required.  The amendment(s) was/were adopted by the action was not required.					
31 MAY	201	8			
DatedSignatureS	1- H	1- 40			
(By a director, pr	esident or o corporator -	ther officer – i – if in the hand	f directors or of	ficers have not been trustee, or other court	
	Scol	77 A	C001	LSey	
	(Typed or	printed name	Cool of person signin	g)	<del></del>
		Presid	les 7		
		(Title of per	son signing)		