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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Grand Capital Ver	itures Inc.			
DOCUMENT NUM	BER: P13000088457				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Gregory Bourque				
		Name of Contact Person	n		
	Grand Capital Ventures Inc				
		Firm/ Company			
	1391 St. Lucie West Blvd. 244				
	Address				
	Port St Lucie Fl. Fl. 34986				
		City/ State and Zip Cod	e		
info.	grcv@yahoo.com				
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Cortney Morris		at (<u>305</u>	902-9048		
Name of Contact Person		at (305) 902-9048 Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 17 OCT 16 PH 2: 01

Grand Capital Ventures Inc.

Grand Capital Ventures inc		S	ECHRIARY OF GRAMMA	
(Name	of Corporation as currently	filed with the Florid	a Dent. of State) FOR ISTA	
P13000088457			40/115JA	
	(Document Number of O	 Corporation (if known	.)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this Fo	lorida Profit Corpora	tion adopts the following amend	dment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The i	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional c	ncorporated" or the abbrevia	tion
B. Enter new principal office address, (Principal office address MUST BE A S				_
				_
			<u></u>	_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
(<u> </u>			
			-	_
				_
D. If amending the registered agent an	d/or registered office addres	ss in Florida, enter th	ne name of the	
new registered agent and/or the nev	v registered office address:			
Name of New Registered Agent	N/A	·		
	(Florida stree	t address)		
New Registered Office Address:	1391 NW St. Lucie West Blvd, #244		. Florida 34986	
Ten neganered topped man ess.	(6)	Lity)	(Zip Code)	_
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		th and accent the oblic	rations of the position	
	o ca agem. Tum jumuu mi	n and accept the total	canons of the position.	
-	Signature of New Reg	sistered Agent, if chan	ging	

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>5.L</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P,D	Michael Zoyes	
Add X			
Remove			
2) Change	CFO	Gregory Bourque	1391 St. Lucie West Blvd. #244
X Add			Port St. Lucie Fl. 34986
Remove			
3) Change		_	
Add			
Remove			
4) Change		-	
Add			····
Remove			
5) Change		-	
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	··· · ·			
N/A					
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F. 16 am amount manifest for an amount			<i>c:</i>		
 If an amendment provides for an exch provisions for implementing the ame 	ange, reclassificati ndment if not contr	on, or cancenau ained in the ame	on of issued snar ndment itself:	res,	
(if not applicable, indicate N/A)					
N/A					
			- · · · · · · · · · · · · · · · · · · ·		
					
	_				
				 	

The date of each amendment(s) adoption:	, if other than the
,	
Effective date <u>if applicable</u> : (no more than 90 days after	r amandment file date)
(no more than 50 days after	т итенитені зне ишеў
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficient	t for approval
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without sha action was not required.	areholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareho action was not required.	older action and shareholder
10/07/2017	
Dated	
(By a director president or other officer - if dire	
selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
Cortney Morris	
(Typed or printed name of per	rson signing)
Secretary, Director	
(Title of person si	gning)