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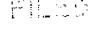
COVER LETTER

TO: Amendment Section - - Division of Corporations

NAME OF CORPORAT	ION: Drip Drop Designs	, Inc.	
DOCUMENT NUMBER			
The enclosed Articles of A		bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
Dar	niel Rodriguez		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
Dri	p Drop Designs, Inc.		
		Firm/ Company	 -
872	5 NW 153 Terrace		
		Address	
Mia	ımi Lakes, FL 33018		
		City/ State and Zip Cod	е
mespinoz	a@mecpac.net		
-		sed for future annual report	notification)
For further information co	ncerning this matter, plea	se call:	
Daniel Rodriguez		at (³⁰⁵	299-3451) de & Daytime Telephone Number
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



16 NOV -1 PH 3: 32

Drip Drop Designs, Inc.	SECRITY IN IN
(Name of Corpor	ation as currently filed with the Florida Dept. of State)
P15000042974	
(Doc	curnent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	e corporation:
Jurassic, Inc.	TI
	The new word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
	
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, enter the name of the
new registered agent andor the new register	eu office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Follows: I hereby accept the appointment as registered agent	Registered Agent: 1t. I am familiar with and accept the obligations of the position.
	ignature of New 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>	John Do	<u>De</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>V</u>		George Tovar	356 Palm Ave.
x Add				Hialeah, FL 33010
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	-	_		
Add				
Remove				
6) Change	_	_		
Add		_		
Remove				

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exchaprovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the angle of t
(if not applicable, indicate N/A)	
77 3 475 244 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
in application.	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and sharehold	der
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/27/20 Dated	16	
Signature 🖊	D:072 w	
(By a select	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other consisted fiduciary by that fiduciary)	
	Daniel Rodriguez	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	