P15000008616

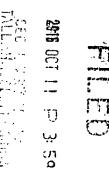
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ENTROPY GLOBA	AL INVESTMENT INC					
DOCUMENT NUMBER: P15000008616						
The enclosed Articles of Amendment and fee are sub	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this mat	Please return all correspondence concerning this matter to the following:					
MIHAI GABRIEL POPESCU	J					
	Name of Contact Person	1				
ENTROPY GLOBAL INVES	STMENT INC					
	Firm/ Company					
7980 Hawthorne Ave	7980 Hawthorne Ave					
	Address	· · · · · · · · · · · · · · · · · · ·				
Miami Beach, FL 33141						
	City/ State and Zip Code	<u>. </u>				
dan@egiapp.com						
E-mail address: (to be us	ed for future annual report	notification)				
For further information concerning this matter, please call:						
Dan Paul Medrea	786 at (304 3931				
Name of Contact Person	Area Co)de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
■ \$35 Filing Fee	□\$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 Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ENTROPY GLOBAL INVESTMENT INC

P15000008616	of Corporation as currently	Thed with the Florida 150	.jr. or gare,	
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following am	endment(s) to
A. If amending name, enter the new na	ame of the corporation;			
N/A			The	new!
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpe	porated" or the abbre	viation
. ,		N/A		
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>				<u> </u>
	, , , , , , , , , , , , , , , , , , , ,			
C. Enter new mailing address, if appli		N/A	j	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
				
				######################################
D. 16	. 4/	in Florido anton the n	ry (s) rom results	5
 If amending the registered agent an new registered agent and/or the new 			ante of the	
	N/A		<u></u>	(**)
Name of New Registered Agent			<u> </u>	
			<u> </u>	
	(Florida str. N/A	vet address)		
New Registered Office Address:			, Florida	
		(City)	(Zip Code)
New Registered Agent's Signature, if c	honging Registered Agents			
hereby accept the appointment as regist			ons of the position.	
	Signature of New P	anistared Anost if changin	a	

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>e</u>	
X Remove	<u>v</u>	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change	D	_	Lenghea, Mona	6100 SW 56 CT DAVIE, FL 33314
Add X Remove				
2) Change	VTD		Medrea, Dan Paul	2642 Collins Avenue, #201
X Add	***	_		Miami Beach, FL 33140
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				,
5) Change	****			
Add				
Remove				
4				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Ar	
(Attach additional sheets, if necessary)	. (Be specific)
N/A	
If an amandment provides for an eve	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
N/A	
	

	10/01/2016	
The date of each amendment(s) ado date this document was signed.	ption:	if other than the
10/01/	2016	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this durtment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☑ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment icient for approval.	(s)
	oved by the shareholders through voting groups. The following statemach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were adopt action was not required. 10/03/2016 Dated Signature	ted by the incorporators without shareholder action and shareholder	
(By a dire selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	MIHAI GABRIEL POPESCU	
_	(Typed or printed name of person signing)	
þ	RESIDENT	
_	(Title of person signing)	