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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PLASTI-CARD CORP. DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **CHARLES FELDMAN** Name of Contact Person BLACKJACK SPECIALTIES, INC. Firm/ Company 7901 CLAY MICA COURT Address DELRAY BEACH, FL 33446 City/ State and Zip Code INFO@FFABCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 593-6785

Area Code & Daytime Telephone Number CHARLES FELDMAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

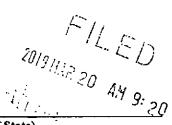
Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



PLASTI-CARD CORP.

| (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following its Articles of Incorporation: A. If amending name, enter the new name of the corporation: BLACKJACK SPECIALTIES, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abi "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must be word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, If applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX) DELRAY BEACH, FL 33446 | The new or the abbreviation me must contain the |
|---|---|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following its Articles of Incorporation: A. If amending name, enter the new name of the corporation: BLACKJACK SPECIALTIES, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the about "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must convoid "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, If applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new malling address, If applicable: (Mailing address MAY BE A POST OFFICE BOX) 7901 CLAY MICA COURT | The new or the abbreviation me must contain the |
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| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) DELRAY BEACH, FL 33446 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 7901 CLAY MICA COURT | |
| (Principal office address MUST BE A STREET ADDRESS) DELRAY BEACH, FL 33446 C. Enter new mailing address, if applicable: 7901 CLAY MICA COURT (Mailing address MAY BE A POST OFFICE BOX) | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
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| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: | |
| Name of New Registered Agent | |
| name of them negative affects | |
| (Florida street address) | |
| New Registered Office Address:, Florida, | |
| | (Zip Code) |

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 | PT Jo | hn Doe | | |
|-------------------------------|-------------------|-------------|----------------|--|
| X Remove | <u>v</u> <u>M</u> | ike Jones | | |
| X Add | <u>sv</u> s | ally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> | |
| i) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | <u></u> | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Кеточе | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| If amending or adding additional Arti (Attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| /A | |
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| The date of each amendment(s) a | doption: if other than the |
|---|---|
| date this document was signed. | |
| | 5/2019 |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| | (no more man 90 days after amenament fae date) |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were ad by the shareholders was/were so | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval. |
| | proved by the shareholders through voting groups. The following statement 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 | |
| , <u> </u> | (voting group) |
| ☐ The amendment(s) was/were ad action was not required. | opted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were ad action was not required. | opted by the incorporators without shareholder action and shareholder |
| 3/15/2019 Dated | |
| Signature X | harle Telan |
| selecte | firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary) |
| | CHARLES FELDMAN |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |