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COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ATION: HARTUN	HAN INC	
DOCUMENT NUMB	11 6000	3	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	iter to the following:	
	NINA HA	PETUNIAN	
	-	Name of Contact Person .	
	1801 Soi	Firm/Company uth DIXIE H	INV
•	Pompa,	Address 60 Blach, City/ State and Zip Code	Florida 33060
	Minahartu E-mail address: (10 be us	City/ State and Zip Code 1710 15	
For further information	concerning this matter, pleas	se call:	
NINA	HARTUNIAN	at (867 8656
Name o	f Contact Person		e & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depar	tment of State:
' \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address ndment Section	Street A Amenda	address nent Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

(Name of Corporal	tion as currently f	iled with the Flo	orida Dept. of State	:)	
# H3 89 53	HART	TINIAN	INC.		
(Docu	ament Number of C	Corporation (if kn	own)		
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this Fl	orida Profit Cor _l	poration adopts the	following amen	idment(s) to
A. If amending name, enter the new name of the o	corporation:				
				The	
name must be distinguishable and contain the weal "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p." "Inc." or "Co	". A profession	r "incorporated" o al corporation nam	r the abbrevio ie must contain	ttion the
B. Enter new principal office address, if applicable	de:	5 A	ME		
(Principal office address MUST BE A STREET AD			•		_
					_
C. Enter new mailing address, if applicable:	A.W.	23/7	JONES	STOF	FY
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>OX</u>)	<u> </u>		JAKU.	=/
		_ <i>D.F</i>	Cà		
			941	<u>33 </u>	
D. If amending the registered agent and/or register	ered office addres	s in Florida, ent	er the name of the	•	
new registered agent and/or the new registered	d office address:	W 60 /	-: /	•••••	
Name of New Registered Agent /	NOT HA	HKTUNI	<u>PN</u>	12.7	2 -
	5 A.M.	Ė		0.00	-7
-	(Florida street	address)			- }
New Registered Office Address:		_	Florida_	20	ို့ မှ
	(C)	ity)		(Zip Code)	_ 97
				¥	
New Registered Agent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered agent.	l am familiar witt	h and accept the	obligations of the pe	osition.	
	11 _				
home	Harlin	the			
	nature of New Regi	istered Agent, if (hanging		

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:

 $P = President; V \neq Vice President; T \neq Treasurer; (S \neq Secretary; D \neq Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u> .	<u>Addres</u> s
1) Change	DPST ARIS HARTUNIAN	Pompano Beach
Add Remove		Florido 3:3060
2) Change	VS NINA HARTUNIAN	23/7 JONES ST SF, Ca. 94/33
Remove 3) Change Add	V Lisa Hantunian	16 Hemlock Drive Great Nec. K. N.Y.
4) Change Add	V Debbie Hartunian	6) Cricket Club Drive Roslyn, N.Y.
Remove 5) Change Add Remove	V Amy Graviton	213 Ridgewood Driver Son Rofoel, Co. 94901
6) Change Add		

(Attach additional she	rets, if necessary).	(Be specific)			
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If an amendment propositions for imple	ementing the amend	nge, reclassifica dment if not con	tion, or cancella tained in the am	tion of issued sha endment itself:	<u>res,</u>
-					
				, ,	

The date of each amendment(s) adoption date this document was signed.	n: <u>OCT, 30, 2017</u>	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this block d document's effective date on the Departme	loes not meet the applicable statutory filing requirements, thi ent of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment for approval.	ent(s)
	by the shareholders through voting groups. The following star- coting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholde	r
- h	in Hartes	
(By a director selected, by a	, president or other officer - if directors or officers have not be n incorporator - if in the hands of a receiver, trustee, or other uciary by that fiduciary)	
.	NINA HARTUNIAN (Typed or printed name of person signing)	
	Vice President & Seci (Title of person signing)	retary