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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Montana P	okorny, Inc				
DOCUMENT NUMB						
	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	pondence concerning this ma	tter to the following:				
	Maria Teresa Mo	ntana				
•		Name of Contact Person	n			
	Montana Pokorny	y, Inc				
Firm/ Company						
5152 SW 121 AVE						
Address						
	Cooper City, Flor	ida 33330				
-		City/ State and Zip Cod	e			
tmontana614@gmail.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Maria T. Mon	tana	at (954	303-8746			
Name o	f 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	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		Stroot	Address			

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Adazzle's Inc

14 HAY -7 PH 1:40

(Name of Corporation as currently filed with the Flow M21081	orida Dept. of State)	TALLAHASSEE, F	LORBA
(Document Number of Corporation (if	known)	v /	
rursuant to the provisions of section 607.1006, Florida Statutes, this F	lorida Profit Corporatio	n adopts the following	g amendment
1. If amending name, enter the new name of the corporation:			
Montana Pokorny, Inc			The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "I	Co". A professional cor		breviation
B. Enter new principal office address, if applicable:	5152 SW 12		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Cooper City, Florida 33330		
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address:	ess in Florida, enter the	name of the	
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address:	, Florida		
(City)		(Zip Code)	•
New Registered Agent's Signature, if changing Registered Agent; hereby accept the appointment as registered agent. I am familiar w	ith and accept the oblige	itions of the position.	

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 Remove Y Mike Jones X Add SY Sally Smith Type of Action Title Name Address	Example: XChange	<u>PT</u>	John Do	<u>e</u>	
Type of Action Title Name Address	X Remove	<u>v</u>	Mike Jon	nes	
(Check One) 1)	X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
☐ Add ☐ Remove 2) ☐ Change ☐ Add ☐ Remove 3) ☐ Change ☐ Add ☐ Remove 5) ☐ Change ☐ Add ☐ Remove 6) ☐ Change ☐ Add ☐ Add ☐ Add ☐ Add ☐ Add	Type of Action (Check One)	Title		Name	Address
Remove	1) Change		_		
2)	Add				· · · · · · · · · · · · · · · · · · ·
Add ☐ Remove 3) Change ☐ Add	Remove				
☐ Remove 3) ☐ Change ☐ Add ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove 6) ☐ Change ☐ Add ☐ Add ☐ Add ☐ Add ☐ Add ☐ Add	2) Change				
3)	Add				***************************************
	Remove				
	3) Change		_		
Remove	 				
Add					
Add	4) Change				
Remove			_		
5) Change Add	$\overline{\Box}$				***************************************
	 1				
Remove	5) Change		_		
6) Change	Add				
Add	Remove				
Add	6) Change				
			-		
					

E. If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)				
50 shares Maria Teresa Montana				
50 shares Dennis Lee Pokorny				

The date of each amendment	, if other than the	
date this document was signed.		
Effective date if applicable:	05/04/14	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for 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	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer	e adopted by the incorporators without shareholder action and shareholder	
action was not required.		
05/0	4144	
Dated_05/0	4/14	
Signature	IM Oli	
	y a director, president or other officer - if directors or officers have not been	
	lected, by an incorporator - if in the hands of a receiver, trustee, or other court	
ap	pointed fiduciary by that fiduciary)	
	Dennis Lee Pokorny	
	President	
	(Title of person signing)	