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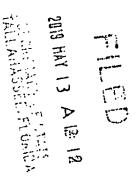
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| PICK-UP | TIAW | MAIL |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | ON: | Atroypen Group | . Inc. | | |
|-------------------------------|--|---|-----------------------|--|---|
| | | N14000001559 | | | |
| DOCUMENT NUMBER: | | | | | |
| The enclosed Articles of An | nendment and fee are subn | nitted for filing. | | | |
| Please return all corresponde | ence concerning this matter | r to the following: | | | |
| Lori Bryant | | | | | |
| | | (Name of Contact P | erson) | | |
| Atroypen Group, Inc. | | | | | |
| | | (Firm/ Compan | y) | | _ |
| 4330 W Broward Blvd. St | uite R | | | | |
| | <u> </u> | (Address) | | | |
| Plantation, FL 33317 | | | | | |
| | | (City/ State and Zip | Code) | | |
| lbryant.atroypen@gmail.com | n | | | | |
| I | -mail address; (to be used | for future annual re | port notification | 1) | |
| For further information conc | erning this matter, please c | call: | | | |
| Lori Bryant | | at | 954 | 825-5368 | |
| | (Name of Contact Person) | | (Area Code) | (Daytime Telephone Number |) |
| Enclosed is a check for the f | ollowing amount made pay | rable to the Florida | Department of : | State: | |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & E Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy) enclosed) | Certifi is Certifi | D Filing Fee icate of Status ied Copy tional Copy is seed) | |

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

FILED

Atroypen Group, Inc.

| | , , p | F1. 11.22 | 5610 111V |
|--|-----------------------------------|-----------------------------------|---------------------------------|
| (Name of Corporation | as currently fi | led with the Florida Dept. | of State PHAT 13 A 12: 1 |
| | N1400000155 | 9 | SCORE MAY open om |
| (Docum | ent Number of | Corporation (if known) | TALLAHASSLE, FI GATO |
| Pursuant to the provisions of section 617,1006, Flor mendment(s) to its Articles of Incorporation: | ida Statutes, thi | s Florida Not For Profit C | orporation adopts the following |
| A. If amending name, enter the new name of the | corporation: | | |
| NA | | | <i> The new</i> |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name | | or "incorporated" or the a | |
| B. Enter new principal office address, if applical | ole: NA | | |
| Principal office address <u>MUST BE A STREET AI</u> | | | |
| | NA | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E | 8 <i>0X</i>) NA | | |
| | NA NA | | |
| | NA | \ | |
|). If amending the registered agent and/or regist | | | name of the |
| new registered agent and/or the new registere | <u>ed office addre</u> | <u>58:</u> | |
| Name of New Registered Agent: | ΝΛ —————— | | |
| | NA | | |
| New Registered Office Address: | | (Florida street i | uddress) |
| | NA | | Florida NA |
| - | (C | ity) | (Zip Code) |
| Sew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent. | egistered Ager . I am familiar | nt: with and accept the obliga | tions of the position. |
| ^ | 1A | | |
| - | Signati | we of New Registered Agen | t, 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 PSF 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 X Remove X Add | <u>V</u> <u>Mik</u> | <u>1 Doc</u> e Jones v Smith | |
|----------------------------------|---------------------|------------------------------------|----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| L) X Change | SEC | Lori Bryant | 4330 W Broward Blvd. |
| Add | | | Suite R |
| Remove | | | Plantation, FL 33317 |
| 2) Change | SEC | Tiffany Bias-McCree | 4330 W Broward Blvd. |
| XAdd | | | Suite R |
| Remove | | | Plantation, FL 33317 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | · |
| KCHROVC | | | |

| (attach additional sheets, if necessar | y). (Be specific) | | | | |
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| NA | |
|--|-------------------------------------|
| The date of each amendment(s) adoption: | , if other than the |
| date this document was signed. | |
| May 01, 2019 | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ■ The amendment(s) was/were adopted by the members and the number of votes east for the arwas/were sufficient for approval. | nendment(s) |
| There are no members or members entitled to vote on the amendment(s). The amendment(s adopted by the board of directors. |) was/were |
| 04/27/2019 Dated | |
| Signature Love By and | |
| (By the chairman or vice chairman of the board, president or other officer- have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary) | |
| Lori B. Bryant | |
| (Typed or printed name of person signing) | |
| President /Owner | |
| (Title of person signing) | |