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COVER LETTER

FIG. ET. SECRETARY OF JAMES OF CORPORATION .

TO: Amendment Section Division of Corporations

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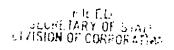
NAME OF CORPORATION: Black DOG REEGE Tamps, Inc.				
DOCUMENT NUMBER: 1400011357				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
DUZANDE DEMORO (Name of Contact Person)				
(Firm/ Company)				
1005 22nd 5t W (Address)				
Potsderton, Fr 34205 (City/ State and Zip Code)				
BDRTSMORE Company (Company) E-mail addless: (to be used for full report notification)				
For further information concerning this matter, please call:				
SUZAINE SEMANO at CW 125-0585 (Name of Contact Person) (Area Code) (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 Certified Copy (Additional copy is enclosed) \$35 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 Street Address

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

Articles of Amendment to Articles of Incorporation



2010 JUN 25 PM LA A.S.

	OI	rese and 83 by the
Blank Dog KEFEIGET	amoa In	.C .
(Name of Corporation as cur	rently filed with the Florid	a Dept. of State)
D14 cmm 11250		
(Document No	umber of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For i	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
00		The new
name must be distinguishable and contain the word "corp	oration" or "incorporated"	
"Company" or "Co." may not be used in the name.		·
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N H	
(mauing dauress MAT BE A FOST OFFICE BOA)		
		
	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered		nter the name of the
new registered agent and/or the new registered offi	ce address:	
Name of New Registered Agent:	<u> </u>	
	$$ \cap \cap	
	(Flori	ida street address)
New Registered Office Address:	\circ	
	1114	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent. I am		e obligations of the position.
	0.0	
	()(4	
	Signature of New Register	ed Agent, 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 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 X Remove X Add	PT John I V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	D	Marcia Mach	Hyer 938 Timbertand PHStauraph, PA 10226
2) Change Add Remove		Suzanne Sen	1005 22nd 5+w Bradendon, FL 34205
3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
6) Change Add Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) her (Be specific)	<u>e</u> :	
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the D	lock does not meet the applicable statutory filing requirements, this openartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amend val.	ment(s)
☐ There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was ctors.	were 'were
Dated	30-2018	
(By the cha	nirman or vice chairman of the bard, president or other officer-if direction seen selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	
5	(Typed or printed name of person signing)	
	(Title of person signing)	-