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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations CLUB 1964, INC. NAME OF CORPORATION: N15000003622 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marquise M. McGriff (Name of Contact Person) Club 1964, Inc. (Firm/ Company) 14600 SW 103RD AVENUE (Address) MIAMI, FL 33176 (City/ State and Zip Code) marquise.mcgriff@club1964.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 487-5829 Marquise M. McGriff (Daytime Telephone Number) (Area Code) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Street Address Mailing Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Club 1964, Inc.		
(Name of Corporation as currently filed with the Flori	da Dept. of State)	
N15000003622		
(Document Nu	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
Rdevia, Inc.		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u>)	
	 -	20
		2020 OCT 13
C. Enter new mailing address, if applicable:		ICT .
(Mailing address MAY BE A POST OFFICE BOX)		
		- :
D. If amending the registered agent and/or registered		
new registered agent and/or the new registered offi	ce address:	
Name of New Registered Agent:		
New Registered Office Address:	(Fl	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I herehy accept the appointment as registered agent. I an	n familiar with and accept	the obligations of the position.
	<u> </u>	
	Signature of New Regist.	erad 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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	<u>PCD</u>	Marquise M. McGriff	14600 SW 103rd Avenue Miami, FL 33176
Remove	114 toh)		
2) Change Add	Markohi) Develope	Jasmine Hamilton	644 West Beta Circle Birmingham, AL 35205
X Remove 3) Change X Add Remove	<u>TR</u>	Raphael X. Moffett	8 Duke Ave Kunshan, Suzhou, Jiangsu China, 215316
4) Change Add	TRD	Clayran Delancy	2040 Funston Street Hollywood, FL 33020
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
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	09/26/20			
The date of each amendment(s) adoption date this document was signed.	n:			, if other than the
date and document was signed.				
Effective date if applicable: 10/01/20				
	(no more than 90 de	ays after amendmen	t file date)	
Note: If the date inserted in this block do	es not meet the anni	icable statutory filin	g requirements, this date v	will not be listed as the
document's effective date on the Departm	ent of State's record	ls.	O . 4	23 HOVE WE HIS

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated Signature
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Marquise M. McGriff
(Typed or printed name of person signing)
Founder and Chief Visionary Offficer
(Title of person signing)

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