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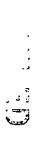
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

DON TOLLIVER (Name of Contact Person)  DON TOLLIVER (Address)  (	NAME OF CORPORATION:	m Ex	CELLENCE	INTERNATIONAL, INC
Please return all correspondence concerning this matter to the following:    DON TOLLIVER (Name of Contact Person)	DOCUMENT NUMBER: NICO	000 12	926	
DON TOLLIVER (Name of Contact Person)    Contact Person	The enclosed Articles of Amendment and fee as	e submitted for fi	ling.	
(Name of Contact Person)    Climic Company	Please return all correspondence concerning this	s matter to the foll	lowing:	
(Name of Contact Person)    Climic Company		Don	TOLLIVER	
Some of Contact Person   Certificate of Status				
Some of Contact Person   Certificate of Status				
City/ State and Zip Code		<u> Alirmé</u>	Company)	
City/ State and Zip Code		53 Bri	dic Gate D	· C.
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Dord Tolliver		(A)	ddress)	·
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Dord Tolliver	C	ان لسكيمه	1. C1 777	רי
For further information concerning this matter, please call:    Dorn Talliver		(City/ State	and Zip Code)	<i>Y</i>
For further information concerning this matter, please call:    Dorn Talliver				
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:    S35 Filing Fee	E-mail address: (to b	e used for future a	innual report notification	i)
Enclosed is a check for the following amount made payable to the Florida Department of State:    \$\Begin{array}{c c c c c c c c c c c c c c c c c c c	For further information concerning this matter,	olease call:		
Enclosed is a check for the following amount made payable to the Florida Department of State:    \$\Begin{array}{c c c c c c c c c c c c c c c c c c c			_	
Enclosed is a check for the following amount made payable to the Florida Department of State:    \$\Begin{array}{c c c c c c c c c c c c c c c c c c c	Don Talliver		at <u>850</u>	339-9311
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)  Mailing Address Amendment Section Division of Corporations  S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)  Street Address Amendment Section Division of Corporations	(Name of Contact F	erson)	(Area Code)	(Daytime Telephone Number)
Certificate of Status  (Additional copy is Certified Copy enclosed)  (Additional Copy is Certified Copy enclosed)  (Additional Copy is Enclosed)  (Additional Copy is Enclosed)  (Additional Copy is Enclosed)  (Additional Copy is Enclosed)	Enclosed is a check for the following amount m	ade payable to the	Florida Department of	State:
Amendment Section Amendment Section Division of Corporations Division of Corporations		atus Certified (Addition	Copy Certification (Additional Copy is Certification)	cate of Status ed Copy ional Copy is
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	Amendment Section Division of Corporations P.O. Box 6327		Amendment Section of Corporation of The Centre of T	orations allahassee

Tallahassee, FL 32303

## Articles of Amendment to

## Articles of Incorporation

Name of Corporation as currently filed with the Flo	rida Dept. of State)	- 281377727 A	ti iu: 56
N18000012926			
(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Proj	fit Corporation adopts the following	
A. If amending name, enter the new name of the cor	poration:		
		The new	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or t	he abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>		
N. M. C.			
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered o</li> </ul>		the name of the	
Name of New Registered Agent:			
Same of New Registered Agent.			
	(Florida si	reet address)	
New Registered Office Address:			
		, Florida (Zip Code)	

Page 1 of 4

Signature of New Registered 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           Y         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change	FSEC	Jacqueline Perkins	3437 Blue Jay Drive TALLAHOSSED, FL 32305
Remove 2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove 5/ Change Add			
Remove 6) Change Add			
E. If amending or additional sheet		Page 2 of 4 ticles, enter change(s) here: (Be specific)	

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Page 3 of 4	
The date of each amendment(s) adoption: 1/3/12, 2019 date this document was signed.	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
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 November 27, 2019
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)
TACQUELING 1. PECKINS (Typed or printed name of person signing)
TiNANCIAL SECRETARY (Title of person signing)