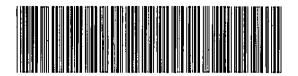
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(Re	equestor's Name)	_
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SMC127 GIALZ ROCK
DOCUMENT NUMBER: N1900007143
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Smart Graz Rock (Firm/Company)
8951 menseyside Ale Jacksonville (1322)
Sack sonvelle El 32219 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 904 885 6457 (Area Code) (Daytime Telephone Number)
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 Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Smart	C/12/2	ROCK	
(Name of Corporation as cur	rently filed with the Fl	lorida Dept. of State)	
N 19 000 (Document No	umber of Corporation (if	known)	
Pursuant to the provisions of section 617,1006, Florida Stannendment(s) to its Articles of Incorporation:	ntutes, this Florida Not A	For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the corpo	oration:		
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpora	ted" or the abbreviation "C	The new 'orp." or "Inc."
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>33</u>)		. 2
	-		019
		<u> </u>	
C. Enter new mailing address, if applicable:		; ;	· · · · · · · · · · · · · · · · · · ·
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		- <u>· · · · · · · · · · · · · · · · · · ·</u>	
			, PH
		-:	<u>ਂ</u> ਨ
		<u> </u>	
D. If amending the registered agent and/or registered		la, enter the name of the	
new registered agent and/or the new registered offi	ce address:		
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
		, Florida	
	(City)	(Zip Co	de)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		pt the obligations of the po	sition.
	Signature of New Reg	sistered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith					•	
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>me</u>			<u>Addres</u> s		
1) Change	P	>	Leira	<u>C</u>	Prestin	2 66.621		•
Remove								
2) Change Add								
Remove 3) Change							-	
Add Remove								
4) Change Add								
Remove								
Add								
6) Change Add								
Remove								

If amending or adding additional A (attach additional sheets, if necessary)	(Be specific)				
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The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Eff	fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will requirement of State's records.	not be listed as the
Ado	loption 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 of 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)	
	Kang Preston	-
	(Typed or printed name of person signing) Leastered agent	
	(Title of person signing)	