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COVER LETTER

TO: Amendment Section Division of Corporations

- 1

NAME OF CORPORATION: Operation Felon Corporation					
DOCUMENT NUMBER: N19 660608 042					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Narcus Grant (Name of Contact Person)					
(Name of Contact Person)					
Operation Felon Corporation					
(Firm/ Company)					
6520 SW 28th St					
(Address)					
Mirangr FZ 33023 (City/ State and Zip Code)					
(City/ State and Zip Code)					
E-mail address: (to be used for future abnual eport notification)					
E-mail address: (to be used for future abnual report notification)					
For further information concerning this matter, please call:					
Marcus Grant at 754-303-8848 (Name of Contact Person) (Area Code) (Daytime Telephone Number)					
(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					
Mailing Address Street Address					

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

	to	
	Articles of Incorporation of	
(Name of Corporation a	on Felon Cor	porochinFILED da Dept. of State)
N 1900	10008042	2019 AUG 26 P 5: 197
(Docume Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ent Number of Corporation (if kn da Statutes, this <i>Florida Not For</i>	SECRETARY OF STARE
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name.	"corporation" or "incorporated	The new "or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		enter the name of the
Name of New Registered Agent:	·····	
New Registered Office Address:	(Flo	orula street address)
		. Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		the obligations of the position.
	Signature of New Registe	ered 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Kemore			•
5) Change			
Add			
Remove			
6)Change			
Add			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Dissolution City and
Dissolution Clause
The Corporation may be dissolved only upon adoption
of a plan of dissolution and distribution of assets
by the Board that is consistent with the
The Corporation may be dissolved only upon adoption of a plan of dissolution and distribution of assets by the Board that is consistent with the Certificate of Incorporation and with State law.

	e date of each amendment(s) adoption:e this document was signed.	_, if other than the
Effe	ective date if applicable:	
	(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 not burnent's effective date on the Department of State's records.	pe listed as the
Add	option of Amendment(s) (CHECK ONE)	
ø′	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)	_
	Marcus Grand (Typed or printed name of person signing)	
	President	

(Title of person signing)

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