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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	N: PROJECT	SOURLINC.			
		2050			
DOCUMENT NUMBER: _	N20000008	3952			·
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.			
Please return all corresponden	ce concerning this matter	to the following:			
		Sonia Becerra			
	(	Name of Contact Perso	n)		
		Swyft Filings			
		(Firm/ Company)			
		3 Greenway Plaza #1.	320		
	-	(Address)			
	H	ouston, Texas 77	046		
	(	City/ State and Zip Coo	ie)		
	fili	ngs@swyftfilings.c	com		
E-1	mail address: (to be used	for future annual report	notification	1)	
For further information conce	rning this matter, please c	eall:			
Sonia	at	877-7	777-0450		
()	Name of Contact Person)	(A	rea Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the fol	llowing amount made pay	able to the Florida Dep	artment of S	State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee & Centified Copy (Additional copy is enclosed)	Centifi Centifi	O Filing Fee icate of Status ied Copy tional Copy is used)	
		<b>a</b> .			

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 of

## PROJECT SOURI INC.

## (Name of Corporation as currently filed with the Florida Dept. of State)

## N20000008952

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	Pwoje Souri Inc	The nev
name must be distinguishable and contain the word "co "Compuny" or "Co." may not be used in the name.	orporation" or "incorporated" i	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD		<u> </u>
		2633
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>X</u> )	
		39
D. If amending the registered agent and/or register new registered agent and/or the new registered of New Registered Agent:		ter the name of the
	(Florid	la street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.		e obligations of the position.
	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	<u>V</u> <u>N</u>	ohn Doe like Jones ally 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					<del></del>
Add					
Remove					
4) Change					
Add			<u>.</u>		
Remove					
5) Change					
		<del></del>	<del></del>		
Add					
Remove				<del></del>	<del></del>
6) Change		-			
Add					
Remove					

amending or adding	s, if necessary).	(Be specific)					
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The date of each amendment(s) adoptidate this document was signed.	on:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departr	oes not meet the applicable statutory filing requirements, this date will ment of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 829	12020	
Signature	Ketily Jeen	
(By the chairman have not been se	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
<u> </u>	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	