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## **COVER LETTER**

BEYOND BRAVEN GLOBAL, INC

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: BEYOND B	RAVEN GLOBAL, INC		<del>-</del>
DOCUMENT NUMBER: N20000011016			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
MARIETTE TORIBIO			
	(Name of Contact Per	son)	
BRICK BUSINESS LAW, P.A.			
	(Firm/ Company)		
3413 W FLETCHER AVE			
3.113.11.11.11.11.11.11.11.11.11.11.11.1	(Address)		, <u>, , , , , , , , , , , , , , , , , , </u>
TAMPA, FL 33618			
	(City/ State and Zip C	ode)	
ASPEN.EMRY@GMAIL.	СОМ		
E-mail address: (to be	used for future annual repo	ort notification	1)
For further information concerning this matter, pl	ease call:		
MARIETTE TORIBIO	at_	813-81	6-1816
(Name of Contact Pe	rson) (	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida D	epartment of	State:
	tus	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ana Divi	et Address endment Sect sion of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BEYOND BRAVEN GLOBAL, INC

Name of Corporation as currently filed with the Florida I	Dept. of State)	
N20000011016		
(Document Numb	er of Corporation (i	f known)
Pursuant to the provisions of section 617,1006, Florida Statutenmendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
BEYOND BRAVENLY GLOBAL, INC		The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	tion" or "incorpore	uted" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS	)	
· ·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Hulling data ess State BEAT OUT OF THE DOLL)		
		· · · · · · · · · · · · · · · · · · ·
<ol> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office a</li> </ol>	<u>ce address in Flori</u> ddress:	da, enter the name of the
N/A		
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
Act Registered Office Action Con-		
		, Florida (Zip Code)
	(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent. I am far	miliar with and acc	ept the obligations of the position.

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.				
a change, Mike Jones	inges should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There i lange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change e 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>		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add	N/A 			
Remove				
2) Change Add		<del></del>	<del></del>	
Remove 3 ) Remove Add Remove			<del> </del>	
4) Change Add				
Remove				
5) Change Add			<del></del>	
Remove				<del></del>
6) Change Add				
Remove				
E. <u>If amending or ad</u> (attach additional s			rticles, enter change(s) here:  (Be specific)	
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The date of each amendment(s) addate this document was signed.	option:		<del>-</del>	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days			
	(no more than 90 days	after amendment file dat	e)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicab partment of State's records.	de statutory filing require	ements, this date will no	t be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were ac was/were sufficient for approve		e number of votes cast fo	or the amendment(s)	

Dated	10.13.2020
	Repen Emin
Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directed have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	ASPEN EMRY
	(Typed or printed name of person signing)

(Title of person signing)