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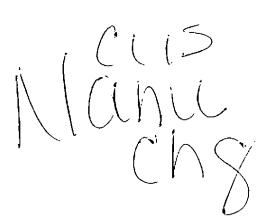
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Marsupium Project, Inc. NAME OF CORPORATION: N21000007291 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Malisha Suzana Rahman (Name of Contact Person) The Marsupium Project, Inc. (Firm/ Company) 8420 FAIRWAY CHASE TRAIL (Address) RENO, NV 89523 (City/ State and Zip Code) malisha.s.rahman@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Malisha Rahman 567-0974 (Name of Contact Person) (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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation

The Marsupham Project, the.		
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N21000007291		
(Document N	lumber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:	
Marsupium Project, Inc.		The new
name must he distinguishable and contain the word "cor "Company" or "Co," may not he used in the name.	poration" or "incorporated"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
		2021
2. Enter new mailing address, if applicable:		: 0
(Mailing address MAY BE A POST OFFICE BOX)		20
		- P
		PH 12:
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, cice address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flor	ida street address)
		Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 De V Mike Je SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove		_	
5) Change Add			
Remove		_	
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet	g additional Articles, if necessary).	cles, enter change(s) here: (Be specific)	
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The date of each and	June 15, 2021	
The date of each amendment date this document was signed	(s) adoption:	, if other than the
date and document was signed		
Effective date if applicable:	June 15, 2021	
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in the document's effective date on t	s block does not meet the applicable statutory filing reque Department of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cas proval.	t for the amendment(s)

Dated	June 15, 2021
Signatur	Maliuha Rahman
	(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)
	Malisha Rahman
	(Typed or printed name of person signing)
	Founder & CEO
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.