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| (Requestor's Name) |
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| (Business Entity Name) |
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COVER LETTER

TO: Amendment Section

| Division of Corporations | , | |
|--|---|--|
| NAME OF CORPORATION: 49V | ang HarrySII INC. | |
| DOCUMENT NUMBER: POO | 000044197 | |
| The enclosed Articles of Amendment and fee are s | ubmitted for filing. | |
| Please return all correspondence concerning this ma | atter to the following: | |
| <u> </u> | eves Feal | |
| Ha | Name of Contact Person Vana Harrys Firm Company Le Jeune Road | |
| 4612 | Le Jeune Road | |
| Cor | Address Address Address City/ State and Zip Code Address City/ State and Zip Code | |
| | sed for future annual report notification) | |
| For further information concerning this matter, plea | ase call: | |
| Nieves Feal | at (7) 367-7497 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 & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address | Street Address | |
| Amendment Section | Amendment Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment

| Articles of Incorpor | ation |
|----------------------|-------|
| of | |

| Hava | Ng Harr | VSIL INC. | | | |
|--|---|--|----------------|-------------------|-----------|
| (Name of | | filed with the Florida Dept. of State) | | | |
| Poo | 00000 44 | 197 | | | |
| | (Document Number of | Corporation (if known) | | | |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation: | 06. Florida Statutes, this I | Florida Profit Corporation adopts the fo | llowing ar | mendn | nent(s) t |
| A. If amending name, enter the new nam | e of the corporation: | | | | |
| N.A. | | | Th | he ne | 'N' |
| name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional association B. Enter new principal office address, if (Principal office address) | ion "Corp," "Inc," or "Con," or "Con," or the abbreviation "I | Co". A professional corporation name | | | |
| C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u> | | V.A. | <u> </u> | 190 | |
| | | | | <u> </u> | T.1 |
| D. If amending the registered agent and/ new registered agent and/or the new i | | | | <u></u> | |
| | N A | | , | Ξ | |
| Name of New Registered Agent | 1-01. | | - 1 | 1 2: 36 | |
| | (Florida stre | et address) | | ٠, | |
| New Registered Office Address: | | Florida | | · · · | |
| | (| City) | (Zip Cod | e) | |
| New Registered Agent's Signature, if chall hereby accept the appointment as register. | nging Registered Agent: | | • | | |
| | Signature of New Re | egistered 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 | <u>PT</u> | <u>John Doe</u> | |
|----------------------------|--------------|-----------------|--|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | \vee | AFTHUF Cylle. | N 4612 LeJeypeRd. Coral Gables, FL. |
| ★ Add | | | Coral Gables, FL. |
| Remove | | | 33146 |
| 2) Clange | | | |
| Add | | | |
| Remove | | | |
| 3) Change | _ | | |
| Add | | | er er g |
| Remove | | | |
| 4) Change | | | on T |
| Add | | | |
| Remove | | | ————————————————————————————————————— |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| <i>δ</i>) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: | |
|--|---------------|
| (Attach additional sheets, if necessary). (Be specific) | |
| N.A. | |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the amendment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | |
| NA | |
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| | 3. |
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| | adoption: | if other than the |
|---|---|-------------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requirements, this date will not Department of State's records. | be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were ac by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| ☐ The amendment(s) was/were a must be separately provided for | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cas | st for the amendment(s) was/were sufficient for approval | |
| bv | (voting group) | |
| . — | (voting group) | |
| The amendment(s) was/were a action was not required. | dopted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder | |
| Dated | ctober 10, 2019 Views Dal | |
| Signature | | |
| selec | director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary) | |
| | Nieves Feal | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |
| | | |
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