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| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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2018 SEP -4 PM 3: 0
SECRETARY OF STAT

C. GOLDEN SEP 1 1 2018

COVER LETTER

| TO: Amendment Sec | | | | | | |
|-----------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|--|--|
| NAME OF CORPORATION: VIND HON, INC. | | | | | | |
| DOCUMENT NUMBER: P 000000 95598 | | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | | |
| Please return all corre | espondence concerning this mat | tter to the following: | | | | |
| | WINDLE G. PAL | mER | | | | |
| | | Name of Contact Person | n | | | |
| | WINDLE G. PAL | Chan INC | | | | |
| | | Firm/ Company | · · · · · · | | | |
| | 1383 Sc. | Ilsdale Rd c | | | | |
| | 1383 Scollsdale Rd C. Address | | | | | |
| | Wast PAL | m Bc4 17. City/ State and Zip Cod | 33417 | | | |
| | | City/ State and Zip Cod | e | | | |
| E-nfail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| WINDLE PALMER at (56) 309-2669 Name of Contact Person Area Code & Daytime Telephone Number | | | | | | |
| Name | of Contact Person | Area Co | de & 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 & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Ma | iling 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

to Articles of Incorporation FILED

2018 SEP -4 PM 3: 08

(Name of Corporation as currently filed with the Florida Dept. of State) TARY OF STATE
TALLAHASSEE, FL A 00000095548 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NIA.

| | 14771 | 1 ne ne |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------|
| name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the | p," "Inc," or "Co". A professi | |
| B. Enter new principal office address, if applicable | e: | |
| (Principal office address <u>MUST BE A STREET AD</u> | | |
| | | |
| | - | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | OX) | , * |
| - | | • |
| | / | |
| | | |
| D. If amending the registered agent and/or registe | ered office address in Florida, e | nter the name of the |
| new registered agent and/or the new registered | | |
| Name of New Parrietand Arrant | | |
| Name of New Registered Agent | | |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | | , Florida |
| | (Citv) | (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. 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.

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> | John Doe | |
|-------------------------------|-----------------|------------------------|------------------|
| X Remove | \underline{V} | 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 | <u> </u> | KAREN PACMER MEKENZIE. | |
| _ ★_ Add | | | JUP. TER |
| Remove | | | <u>F1.33458</u> |
| 2) Change | ٧c | DUNCAN WALDON. | 4582 CHERRY LANC |
| <u></u> ★ Add | | | W. P. 3c4. |
| Remove | | | M. 33417. |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| The date of each amendment(s) a date this document was signed. | doption: \$\frac{\\$/29/2}{2} | 2018 | , 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 document's effective date on the D | | able statutory filing requirements | s, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| ☐ The amendment(s) was/were ac by the shareholders was/were s | | number of votes cast for the ame | ndment(s) |
| ☐ The amendment(s) was/were apmust be separately provided for | | ugh voting groups. The following vote separately on the amendmen | |
| "The number of votes cas | t for the amendment(s) was/were | sufficient for approval | |
| by | | | |
| | (voting group) | | |
| The amendment(s) was/were action was not required. | lopted by the board of directors v | without shareholder action and sl | nareholder |
| ☐ The amendment(s) was/were action was not required. | lopted by the incorporators with | out shareholder action and shareh | older |
| Dated | 129/2018 | | |
| Signature (1 | Lindel Palmos | | |
| (By a | director, president or other offic | er - if directors or officers have t | |
| | | hands of a receiver, trustee, or o | ther court |
| арроз | nted fiduciary by that fiduciary) | | |
| | Mucha PAL | MER | |
| | Wintow Pak (Typed or printed n | name of person signing) | |
| | V.P. | | |
| | (Title o | of person signing) | |