P02 000025382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
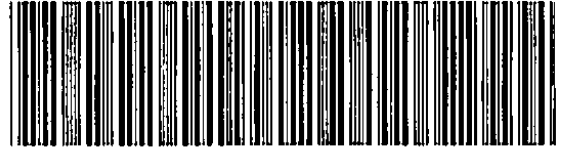
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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<u>**COVER LETTER**</u>

TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: _SMARTCUTS INC_

DOCUMENT NUMBER: _P02 0000 25382_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DION ASSOON
Name of Contact Person

SMARTCUTS INC
Firm/ Company

_6150 SW 4th St_
Address

MARGATE FL 33068
City/ State and Zip Code

SMARTCUTS INC @ gmail.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DION ASSOON at (_954_) _610-9256_
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   ☐$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
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                       Tallahassee, FL 32303

<div align="center">

Articles of Amendment

to

Articles of Incorporation

of,

</div>

SMARTCUTS INC

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

_P 02 0000 25382_

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **_Florida Profit Corporation_** adopts the following amend
its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ _The_

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Cor
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the w
"chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent   DION ASSOON

2 7 1 S. ST Rd 7

(Florida street address)

New Registered Office Address: MARGATE , Florida 3306

(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.

Dion ASSOON

Signature of New Registered Agent, if changing

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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; CI. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
2) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
3) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
4) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
5) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
6) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____

E. **If amending or adding additional Articles, enter change(s) here**:
(Attach *additional sheets, if necessary).* *(Be specific)*

_____

_____

_____

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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)

_____

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____, if oth
date this document was signed.

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be t
document's effective date on the Department of State's records.

Adoption of Amendment(s)   **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehol
action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement
must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

(voting group)

Dated ___6-22-2020___

Signature ___Dion Assool___

(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)

___DION ASSOOR___
(Typed or printed name of person signing)

___President___
(Title of person signing)