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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: BUDLINA, INC.

DOCUMENT NUMBER: P03000004474

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

Please return all correspondence concerning this matter to the following:

ROBERT M. TWISS

	Name of Contact Person
	BUDLINA, INC.
	Firm/ Company
	7794 NW 44 STREET
	Address
	SUNRISE, FL 33351
	City/ State and Zip Code
pt@)ilybynightfish.com
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Robert M. Twiss	at (954) 444-1227
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 & S52.50 Filling 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 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Taliabassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

BUDLINA, INC.

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

P03000004474

(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:

N/Λ

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

B. Enter new principal office address, if applicable:		N/A				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)					
		<u> </u>			-ro -ro	T
					 	_
C. Enter new mailing address, if apply (Mulling address <u>MAY BE A POST</u>)	<u>icable:</u> OFFICE BOX)	N/A		in mit Ten	PH	E
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		<u> </u>	· · · · · · · · · · · · · · · · · · ·		23	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addr w registered office address:	ess in Florida, enter the	name of the			
<u>Name of New Registered Agent</u>	N/A					
	(Florida stre	et address;				
New Registered Office Address:	N/A		. Florida			
	(Cinyj		ip Code)	•	
<u>New Registered Agent's Signature, if cl</u> I hereby accept the appointment as registe	hanging Registered Agent:	the and an and the still				

Signature of New Registered Agent, if changing

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If amending the Officers und/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	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	D	GLORIA TWISS	2855 ST. BARTS SQ.
Add			VERO BEACH, FL 32967
X Remove			
2) Change			
Add			
Remove			
3) Change	<u> </u>		••
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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ack additional sheets, if necessary). (Be specific)	
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(if not applicable, indicate N/A)	on of issued shares, and ment itself:
	ing me be risen.

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	AUGUST 14, 2017	
The date of each amendment(s date this document was signed.	s) adoption:	if other than the
Effective date if applicable:	AUGUST 14, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this de Department of State's records.	ite will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONF</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(e sufficient for approval.	\$}
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ini
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	:г
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder f	
Dated	117/17_2	
Signature		
(By	a director, president or other officer - if directors or officers have not been	
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other course	t
app	winted fiduciary by that fiduciary)	
	ROBERT M. TWISS	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	