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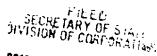
SECRETARY OF STATES

TO: Amendment Section Division of Corporations 2818 JUN 1 1 PM 14 88

NAME OF CORPORATION: Norman Morefield Inc.				
DOCUMENT NUMBER: <u>P03000108 902</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Norman Morefield Name of Contact Person Norman Morefield Inc				
Norman Morefield Inc				
Titti Company				
2229 Durham 5t. Address				
Address				
De Itona + Z 32738 City/ State and Zip Code				
/ City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Norman Movefield at 386 479-6328 Name of Contact Person 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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address Annual book Series Annual book Series				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



11 1	of	2818 JUNII PH Wage
Norman More Field	as currently filed with the Fl	· •,•
	as currently filed with the Fi	
7 0 3000 [U 1 90 L (Documen)	t Number of Corporation (if kr	nown)
rsuant to the provisions of section 607.1006, Florida St Articles of Incorporation:	tatutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s)
If amending name, enter the new name of the corpo	oration:	
		The new
ime must be distinguishable and contain the word ' Corp.," "Inc.," or Co.," or the designation "Corp." ' ord "chartered," "professional association," or the abb	"Inc," or "Co". A professio.	
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-	
. If amending the registered agent and/or registered	office address in Florida, en	ter the name of the
new registered agent and/or the new registered off		·
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registo	ered Agent.	
hereby accept the appointment as registered agent. I a		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.

X Change	<u>PT</u> Joh	nn Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Sec	Shane Michael Morefield	2229 Durham S Deltona FL 3273
Add Remove		10101 C) 1810	Deltona to 3213
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

utach <i>additional sheets</i> ,	dditional Articles, en if necessary). (Be sp	pecific)			
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<u>fan amendment provid</u>	les for an exchange, r	<u>eclassification, or</u>	cancellation of issu	ued shares,	
provisions for implemen	nting the amendment	if not contained i	n the amendment	tself:	
(if not applicable, in	iaicaie iva)				
					_
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				-	

The date of each amendment(s) ado	otion: 06/08/.2018	, if other than the
date this document was signed.	• • •	
 Effective date <u>if applicable</u> :	06/08/2018	
<u>,,</u>	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for cient for approval.	the amendment(s)
	wed by the shareholders through voting groups. The fact voting group entitled to vote separately on the amount	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and	d shareholder
Dated_ 06/0	orman Monfuld	
Signature	orman Monfuld	
(By a dire	ector, president or other officer – if directors or officer	
	by an incorporator – if in the hands of a receiver, trust diductary by that fiductary)	iee, or other court
-	Norman Move Field (Typed or printed name of person signing)	
	(1) ped of printed flattle of person signing)	
_	Yres	
	(Title of person signing)	