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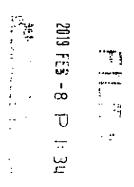
| , (F | Requestor's Name) | |
|-------------------------|------------------------|----------|
| <u> </u> | Address) | |
| (A) | Address) | |
| (C | City/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name |) |
| (0 | Ocument Number) | |
| Certified Copies | Certificates of | f Status |
| Special Instructions to | o Filing Officer: | |
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COVER LETTER

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| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: CORGIVING DOCUMENT NUMBER: POHOGOSS 915 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: Creation Creation |
| For further information concerning this matter, please call: Sold |
| Malling Address Amendment Section Street Address Amendment Section |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to

| Articles of Inco | rporation |
|--|--|
| COVOINA | 10. 1 |
| (Nome of Green and London and Lon | filed with the Royala Dept. of State |
| Name of Corporation as currently | filed with the Rossia Dept. of State) |
| <u> </u> | 910 |
| (Document Number of | Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation: | Torida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P | o". A professional corporation name must contain the |
| | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 14213 SW (OCLCINE |
| (Frincipal office dadress MOST BE A STREET ADDRESS) | MICINII F1 33186 |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| (making data ess of A Dr. A OST OFFICE INA) | |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered office addre | ss in Florida, enter the name of the |
| new registered agent and/or the new registered office address: | 11-01-10 |
| Name of New Registered Agent (5/10 | + V410e5 |
| 14213 5 | Sun 100Lane |
| (Florida stree | address) |
| M7Cim: | F/ '22 N/ |
| New Registered Office Address: | (Ziv Code) |
| TC | Aty) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent. Lam familiar wi | th and accept the obligations of the position. |
| SMA | 1 colo (do |
| Signature of Name Day | gistered Agent, if changing |
| Signature of New Res | уынстви муст, у спануту |

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)

Remove

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.

| Mike Jones, V as Remove | , and Sal | ly Smith. SV as an Add. | acida de notea as sonn (1908, 17) as a Change, |
|---------------------------------------|-----------|-------------------------|--|
| Example: X.Change | <u>PT</u> | John Doe | |
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) 1) Change | Title | Lisled Valles | 14213 SW 100LGING Miami F133186 |
| Add Remove | | | Miami F133186 |
| 2) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 3) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |

| | tkeles, enter change(s) (Be specific) | | | |
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| | range, reclassification | i, or cancellation of iss | ued shares, | |
| an amendment provides for an excl | melmane if more non-tails | and in the amendment. | itself: | |
| provisions for implementing the ame | nument a not contain | to a trace with the state of th | | |
| an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | aunent ii not contaii | The same same same same same same same sam | | |
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| provisions for implementing the ame | nument ii not contain | | | |

| The date of each amendment(s) adoption: | , if other than the |
|---|---|
| date this document was signed. |) C G |
| Effective date if applicable: (no more than 90 days after amend | mont flu duta) |
| The more than 20 days dyer amena | ment file dide) |
| Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records. | g requirements, this date will not be listed as the |
| Ador of Amendment(s) (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes carby the shareholders was/were sufficient for approval. | ast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups, must be separately provided for each voting group entitled to vote separately on the separately provided for each voting group entitled to vote separately on the separately of the sep | The following statement the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for appr | roval |
| by(voting group) | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholde action was not required. | action and shareholder |
| The amendment(s) was/were adopted by the incorporators without shareholder act | ion and shareholder |
| action was not required. | |
| 2/5/10 | |
| Dated | |
| Signature | |
| (By a director, president or other officer – if directors or o | Officers have not been |
| selected, by an incorporator - if in the hands of a receive | r, trustee, or other court |
| appointed fiduciary by that fiduciary) | |
| <u>Lisilet</u> Va | aldes |
| (Typed or printed name of person sign | ing) |
| VICE preside | dent |
| (Title of presen signing) | |