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And

R. WHITE NOV 28 2017



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FINOVATION	INC.	
DOCUMENT NUMBER: P07000000783		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
PATRICK B BROWN		
. FINOVATION, INC.	Name of Contact Persor	
	Firm/ Company	
10620 SW 83 CT		
MIAMI, FL 33156	Address	
	City/ State and Zip Code	:
PATRICK.BROWN@GMAIL(ОМ	
E-mail address: (to b	used for future annual report	notification)
For further information concerning this matter, pl	ease call:	
PATRICK BROWN	at (494-3408
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Depa	rtment of State:
S35 Filing Fee Sertificate of States	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	_	

Articles of Amendment to Articles of Incorporation

FALED 17 NOV 27 AHII: 37

FINOVATION, INC. (Name of Corporation as currently filed with the Floridal Depth of State) P07000000783 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Pursuant to the provision for the pursuant to the pursuant to the pursuant to the provision of section 607.1006, Pursuant to the pursuant to t its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name 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: (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 (Florida street address) Florida New Registered Office Address: (City) 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 beingadded:

(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 = Treasure; 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.

English to Kemov	е, ана за	uy əmun, ə r as an	глии.	
Example: X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	DST	RYAN	M BROWN	10620 SW 83 CT
Add X Remove				MIAMI, FL 33156
2) Change	D		D BROWN	10620 SW 83 CT
Add				MIAMI, FL 33156
X Remove				
3) Change				
Add				
Remove				
4) Change				
Add		1		
Remove				
5) Change				
Add				
Remove				
6) Change				. <u> </u>
Add				
Remove				

E. <u>If amending or adding additional Arti</u>	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Bespecific)
	I
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	<u> </u>
F. If an amendment provides for an exch	tanges reclassification, or cancellation of issued shares.
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>

The date of each amendment(s) a	11/22/2017		, if other than the
date this document was signed.	adoption:		, n outer than the
Effective date <u>if applicable</u> :			
	Ino more that	n 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D		plicable statutory filing requirements, thi	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. Tufficient for approval.	The number of votes cast for the amendment	ent(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders treach voting group entitled	through voting groups. The following state over separately on the amendment(s):	tement ·
"The number of votes cas	t for the amendment(s) was/v	were sufficient for approval	
by	 4	."	
	(vot ing group)		
action was not required.		ors without shareholder action and shareh	
☐ The amendment(s) was/were ad action was not required. Dated//	opted by the incorporators w	vithout shareholder action and shareholde	r
Signature	taling Doxur	<u> </u>	***
		officer – if directors or officers have not b	
selecte	ed, by an inco rp orator – if in	the hands of a receiver, trustee, or other	court
аррон	nted fiduciary by that fiducia	Brown	_
	Cityped or printe	ed name of person signing)	
	(Tit	tle of person signing)	