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COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

PLLERI CAL CORP.

Firm/ Company 26 NE 26 PLI TETZ
Address For further information concerning this matter, please call: at (362) 261 39 66.

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

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Articles of Inc of	•	がか、 クート
SPHERICA!		A PARTY PARTY
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
	050 77 050	· ATTE
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corporation:	NIA	The new
name must be distinguishable and contain the word "corporation	on." "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." / /	
D. D. a	RI / A.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
,	;	
C. Enter new mailing address, if applicable:	RI A	
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the new registered office address		
1/	//A	
Name of New Registered Agent	//	
(Florida su	reet address)	
	121 2.1.	
New Registered Office Address:	, Florida, Florida	(Zin Code)
	ر بر	Oziji Couci
New Registered Agent's Signature, if changing Registered Agent	<u>(:</u> 	.iri
Thereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the pos	mon.
,	/ .	
$\mathcal{N}_{\mathcal{I}}$	/ A ·	
	Revistered Agent, if changing	
Nonature of New I	Keensterea Acent al 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.

Example: X Change	<u>PT</u>	John Doe				
X Remove	V	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Nan</u>	<u>ne</u>		Address	
1) Change	D		SUDAN	THOMPECK	776 NE 2614 TO	
Add					OCALA, PLIB	447
Remove						
2) Change	<u></u>	_				
Add						
Remove						
3) Change						
Add				-		
Remove						
4) Change						
Add						
Remove						
51 Change						
Add						
Remove						
6) Change						
Add						
Remove						

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific) A.	
· · · · · · · · · · · · · · · · · · ·		
		
		_
If an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	\mathcal{N}/\mathcal{A}	
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
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 da document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated9 / 1 3/ 1 8/ 2	
Signature	
(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 cour	
appointed fiduciary by that fiduciary)	ı
ODCAR DANGUEZ	
(Typed or printed name of person signing)	
PUST.	
(Title of person signing)	