P07000117544

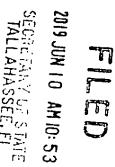
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	DUP, INC.	
DOCUMENT NUMB	ER: P07000117544		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
·	Joacim Masvidal		
	· -	Name of Contact Persor	1
	Firm Lending, LLC		
•		Firm/ Company	
	150 SE 2 AVE #804		
•		Address	
	Miami FL 33131		
•	-	City/ State and Zip Code	9
joacin	n@thefirmlending.com		
	E-mail address: (to be us	sed for future annual report	notification)
	`	•	,
For further information	concerning this matter, pleas	se call:	
joacim masvidal		786 at (8664422
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NIR DESIGN GROUP, INC.							
	(Name of Corporation	n as currently f	ited with the Florida	Dept. of State)			
P07000117544	· ·						
	(Docume	ent Number of C	orporation (if known)				
Pursuant to the provisions of secits Articles of Incorporation:	ntion 607.1006, Florida 5	Statutes, this Flo	orida Profit Corporati	on adopts the fol	llowing ame	ndmen	:t(s) (
A. If amending name, enter th	ne new name of the cor	poration:					
					The	new	
name must be distinguishable "Corp.," "Inc.," or Co.," or the word "chartered," "professional	he designation "Corp,"	" "Inc," or "Co	". A professional co		the abbrev	iation	
B. Enter new principal office				.			
(Principal office address MUST	T BE A STREET ADDE	<u>RESS</u>)					
					-		
				·			
C. Enter new mailing address (Mailing address MAY BE.		z)					
(muning dutiess mai bi.	A TOST OF TICE BOX	<u> </u>		-	55	201	
					Z E	<u>ي</u>	e H
					- ć.: :	<u> </u>	, , , , , ,
D. If amending the registered	l agant and/or registers	ad office addrse	s in Florida, antar th	a numa of the	¥.	2019 JUN 1 0 AM 10: 53	1
new registered agent and/o			s in Florida, enter un	e name or the	SS.	P	7
Name of New Register	od Agoni				نيان. ديان	=	
Name of they negation	<u>.u ngem</u>				그림	Ċ	
		(Florida street	address)		—— m	ω	
		(1.11.11.11.11.11.11.11.11.11.11.11.11.1					
New Registered Office	Address:	(C	in)	, Florida	(Zip Code)		
		,	••		, ,		
New Registered Agent's Signa							
I hereby accept the appointment	i as registered agent, - l	am familiar wil	n and accept the oblig	auons of the pos	шоп.		
	Signa	ture of New Res	istered Avent, if chans	eine			

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>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Nir Dahabash	1965 NE 208 Ter
X Add			Miami FL 33179
Remove			
2) Change	**	_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u>.</u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
	·			
		<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	-	
			-	
		_		
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, on ndment if not contained	or cancellation of is in the amendment	sued shares, itself:	
				·
		_	<u> </u>	
			_	

The date of each amendment(s)	adoption:	if other than the
date this document was signed.		
	me 7 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(110 more man 20 days differ dimension yill didey	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
action was not required. The amendment(s) was/were a	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
June 7 20 Dated	019	
Signature	Meital Aharon	
(By a selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Meital Aharon	
	(Typed or printed name of person signing)	
	Officer	
	(Title of person signing)	