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R. WHITE

#### **COVER LETTER**

Division of Corp					
NAME OF CORPO	RATION: 141 Capita	Inc.			
DOCUMENT NUM	D070001202				
The enclosed Articles	s of Amendment and fee are su	bmitted for fil	ing.		
Please return all corre	espondence concerning this man	ter to the follo	owing:		
	Garett Parsons				
		Name of C	ontact Person		-
	141 Capital Inc.	rame or C	omact i cison		
		Firm/	Company		-
	1585 Ellinwood S			9895 OR	REN.
		Ac	ddress		-
	Des Plaines, IL 6	<del>0016 -</del>		9895 OR GALT, CA.	9563
		City/ State	and Zip Code	•	• -
	garettparsons@g	imail cor	m		
	E-mail address: (to be us			notification)	
	man address. (av pe us	ica (o) Tatare	annaar report i	willication)	
For further information	on concerning this matter, pleas	se call:	0.00	0000 - DAT OD	
_			201	327-8200	
Garett Parsons			ر <del>312 م</del>	√5 <del>13-4385 ′</del>	
Name	of Contact Person		Area Coc	le & Daytime Telephone Numbe	er e
Enclosed is a check f	or the following amount made	payable to the	Florida Depai	rtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified	al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy	
		CHCHACO	1)	(Additional Copy is enclosed)	
				13 0110103.007	
Mailing Address				Address	
Amendment Section Division of Corporations			Amendment Section Division of Corporations		
P.O. Box 6327				Building	
	llahassee, FL 32314			xecutive Center Circle	
			Tallaha	ssee, FL 32301	

## Articles of Amendment

Articles of Incorporation of



### 141 Capital Inc.

### (Name of Corporation as currently filed with the Florida Dept. of State)

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1 0	<i>,</i> $_{\rm U}$	υı	JI		JU	

(Document Number of Corporation (if known)

endment(s) to

name must be distinguishable and contain the	word "governmention"	"aamaan " an "inaama	The n
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co".	A professional corpora	rtaeu – or the appreviali ntion name must contain t
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)			
	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )		
	-		
<li>If amending the registered agent and/or registered agent and/or the new registered.</li>	istered office address i red of fice address:	n Florida, enter the nan	ne of the
Name of New Registered Agent			
	(Florida street a	(dress)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligation	s of the position.
I hereby accept the appointment as registered age			s of the position.

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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	TC	Howard Salamon		
Add				
Remove			-	
2) Change	CEO	Howard Salamon		
Add				
Remove				
3) Change	PTS	Garett Parsons	9895 Orr Rd.	
<b>√</b> _ Add			Galt, Ca. 95632	
Remove				
4) Change				
Add				
Remove			1844	
5) Change				
Add				
Remove				
6) Change	<u></u>			
Add			484	
Remove				

Tamending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)
·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adopt date this document was signed.	ion:	if other than the
Effective date if applicable:		
Enective date in applicable.	(no more than 90) days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement th voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
Dated July 30, 20	14 D	
(We a directed, b	ctor, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
G	arett Parsons	
	(Typed or printed name of person signing)	· <del></del>
So	ole officer - President - Secretary - Treasurer	
	(Title of person signing)	