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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION:JOH	NNY AND ALFRED INC			
	0000 32 597			
The enclosed Articles of Amendment and fee are st	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
mann	E LANGUAGERU EN			
THEILD	Name of Contact Person			
(1004-5-	Name of Contact Person			
WASHOPSK	Eirm/ Company			
6173	NW 23 RD ROAD Address CATEN FC 33434.4339 City/ State and Zip Code			
	Address			
BOCA F	PATEN FC 33434.4339			
	City/ State and Zip Code			
E-mail address: (to be t	50 GMAIL (COM)			
For further information concerning this matter, plea				
MAILTIN E. WASHOFSKY, E	Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Department of State:			
\$35 Filing Fee \$\text{Certificate of Status}\$	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
1 dilatassec (11, 52514	Tallahassee, FL 32303			

Articles of Amendment

Articles of Incorporation

(Name of Corporation	as currently filed with the Florida	Dept. of State)
P 0 900	100 32 597	
	it Number of Corporation (if known)	
uant to the provisions of section 607.1006, Florida S rticles of Incorporation:	tatutes, this Florida Profit Corporation	on adopts the following amendment(s
f amending name, enter the new name of the corp	oration:	
		The new
e must be distinguishable and contain the word "corp.," or Co.," or the designation "Corp," "Inc," or trered," "professional association," or the abbrevi	or "Co". A professional corporatio	
Enter new principal office address, if applicable: acipal office address <u>MUST BE A STREET ADDR</u>	ESS)	
Enter new mailing address, if applicable:		
Mailing address <u>MAY BE A POST OFFICE BOX</u> ,		<u></u>
	<u></u>	PH 12:
		12.
		
f amending the registered agent and/or registered new registered agent and/or the new registered of		name of the
	nce address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
Registered Agent's Signature, if changing Regist	ered Agent:	
	m familiar with and accept the obliga	s as a second

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = Trustce; 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.

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)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	<u>D</u>	MARIUS	STANCIU	BEACH BLUD # 44
🔀 Add			_	
Remove			_	HALLAUDALE, FL
2) Change				33009
Add			_	
Remove 3) Change		_		
Add			_	
Remove				
4) Change				
Add			_	
Remove				
5) Change				
Add			_	
Remove			_	- · - · · - ·
6) Change				
Add			_	
Remove				

tach additional sheets, if necessary).	(Be specific)			
				
				
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		1	_	
		11/10	-	
		NIA		
				
			<u> </u>	
			_	
in amendment provides for an exch	nge, reclassific	ation, <u>or cancellation</u>	of issued shares,	
ovisions for implementing the amer	<u>dment if not co</u>	ntained in the ameno	<u>lment itself:</u>	
(if not applicable, indicate N/A)				
			_	
		NA		
		<u>~ / r</u>		
				· · · · · · · · · · · · · · · · · · ·
<u> </u>				

The date of each amendment(s) adoption:	٠, ٢٥	LO:	<u> </u>	if other than the
date this document was signed.				
Effective date if applicable:	_07	20.	2020 - amendment file date)	
	(no more than 90 a	days after	amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S		ole statute	ory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)			
The amendment(s) was/were adopted by the in action was not required.	acorporators, or bo	ard of dir	rectors without shareholder	r action and shareholder
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		iumber o	f votes cast for the amendr	nent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g				
"The number of votes east for the amend	lment(s) was/were	sufficien	t for approval	
by	ng group)		·	
(voin)	ig group)			
Dated07.20.2	L020			
Signature	y San			
(By a director, presid	lent or other officer porator – if in the h	r – if dire	ctors or officers have not base receiver, trustee, or other	
	JO HUNY	5	TANCIU	
(T	yped or printed na			, <u> </u>
	PRE	<u>-3</u> .		
	litle of person signi	inu)		