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COVER LETTER .. ,

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Connersville Bait of	& Tackle Inc.			
DOCUMENT NU	MBER: P09000093706				
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	Mahmudul H. Osmani				
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1		
	Connersville Bait & Tackle In.				
		Firm/ Company			
	3697 Wellington Lane				
	· · ·	Address			
	Bartow, FL 33830				
		City/ State and Zip Cod	e		
	mahmudosmani@yahoo.com	1			
		sed for future annual report	notification)		
For further informa Mahmudul H. Osm	tion concerning this matter, plea ani	se call:	398-3976		
Nan	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

Connersville Bait & Tackle Inc.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
°09000093706		
(Document Number	of Corporation (if known)	
tursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	s Florida Profit Corporation adopts the fo	Howing amendment(s)
. If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must e	eviation "Corp.," contain the word
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
)		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 .
-		-
		7.3
 If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address 	dress in Florida, enter the name of the	크 등
	1.31 <u>.</u>	CA CA
Name of New Registered Agent		
(Florida s	reet address)	
<u>New Registered Office Address:</u>	, Florida	
The second of th	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar		ition.
	, , , , , , , , , , , , , , , ,	
S:	Buring well to the state of the	
Mgnature of New	Registered Agent, if changing	
heck 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)

Example:

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.

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	VP	Mahmudul H. Osmani	3697 Wellington Lane			
X Add			Bartow, FL 33830			
Remove						
2) Change			·			
Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach addition	adding additional al sheets, if necessa	ary). (Be spec	ific)	_		
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<u>.</u>						
<u>-</u>						
						
						-
		· · · · · · · · · · · · · · · · · · ·				
						
						•
lf an amandma	nt provides for an	vavahanaa rool	laccification a	e annaallation o	figural charge	
provisions for	implementing the	amendment if	not contained	in the amenda	ient itself:	
	licable, indicate N/			-		
						
						· .

		<u>. </u>				
			_			

The date of each amendment(s) adoption:	other than the
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 date will not be document's effective date on the Department of State's records.	: listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareh action was not required.	older
☐ 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by'''	
(voting group)	
October 10, 2020 Dated	
Signature Hamida A	
(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 court appointed fiduciary by that fiduciary)	
Hamida K. Osmani	
(Typed or printed name of person signing)	
President	
(Title of person signing)	