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OCT 22 2018 S. YOUNG 18 OCT 22 PR S: 14. CHETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SZGWI	DESENG Promo	TZONALS, INC.
DOCUMENT NUMBE		031775	,
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	•
_	Log	AN LANE Name of Contact Person	<u> </u>
_	P. O. Bc	0x 15652	
_	TALLAHA	LSSCE, FL. 32 City/State and Zip Code	317
	LLONTHEDL E-mail address: (to be us	180 GMIL Co led for future annual report	
LOGAN	Contact Person	at (\$50	_) <u>590-6850</u> de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, F1, 32301

Articles of Amendment to Articles of Incorporation

of

SIGN ESIGN	as currently filed with the Florida Dept. of State)
P10000031	_
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
LL ENTELPRISE	OF FLORIDA, INCThe new "corporation." "company," or "incorporated" or the abbreviation
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered." "professional association," or the a	"Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	TAMAHASSEE, FL 32317
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	-
2,	609 MALTO DL (Florida street address)
New Registered Office Address:	(City) . Florida 32309 (City) (Zip Code)
	stered Agent: am familiar with and accept the obligations of the position ASSEE PH 3: 24 Ture of Sear Registered Agent. if 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add	******	<u> </u>	
Remove			
6) Change			
Add			
Remove			

··· <u>·</u>	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
ι.	ich tatanonia siccis, y riccissary, - (ive opacyw)				
_					
F.]	n amendment provides for an exchange, reclassification, or cancellation of issued shares,				
	ovisions for implementing the amendment if not contained in the amendment itself:				
	(if not applicable, indicate N/A)				

The date of each amendment(s) adoption: $\frac{10-22-18}{10-22-18}$, 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 date will not be listed as the document's effective date on the Department of State's records.
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):
"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 by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature
(By a director, president of 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)
LOGAN E. LANE
(Typed or printed name of person signing)
OFC.
(Title of person signing)