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| (Re | questor's Name) | |
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| (Ad | idress) | |
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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

C. BRUMBLEY

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION:BLACK PARAD | IGMS INC. | | |
|--------------------------|--|---|--------------------------------------|---|
| DOCUMENT NUMI | D10 000076040 | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for fili | ng. | |
| Please return all corres | spondence concerning this ma | tter to the follo | wing: | |
| | EDWARD D. ARRINGTON | JR III, MSM I | Project Mana | ger |
| | | Name of Co | ntact Persor | 1 |
| | BLACK PARADIGMS INC | | | |
| | | Firm/ C | Company | |
| | 410 Blanding Boulevard, suit | e 10 | | |
| | | Ade | dress | |
| | Orange Park, FL 32073 | | | |
| | | City/ State a | and Zip Code | |
| | blackparadigmsinc@gmail.co | om | | |
| | E-mail address: (to be us | ed for future a | nnual report | notification) |
| For further informatio | n concerning this matter, pleas | | | |
| EDWARD D. ARRIN | GTON JR III | at (| 313 | 495-4724 |
| Name o | of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made p | payable to the | Florida Depa | artment of State: |
| S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Fi Certified ((Additiona enclosed) | Сору | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | | Amend Divisio The Co 2415 N | Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 assee, FL 32303 |

Articles of Amendment Articles of Incorporation of

| BLACK PARADIGMS INC. | | | |
|--|---|----------------------------------|---------------|
| (Name of Corporation as currently 1 | filed with the Florida Dept. of State) | | |
| (Document Number of C | Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation: | orida Profit Corporation adopts the following | lowing amend | ment(s) to |
| A. If amending name, enter the new name of the corporation: | | | |
| | · · | | ew |
| name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co" or the designation "Corp," "Inc," or "Co". A particular and a propersional association, or the abbreviation "P.A." | npany," or "incorporated" or the abbre professional corporation name must c | rviation "Corp contain the wo | o., '' ord |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | | _ |
| | | | - |
| | | | _ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2022 | |
| | | | |
| | | · , . L | - |
| | | Sil 2 | |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | is in Florida, enter the name of the | 99 | |
| Name of New Registered Agent | |)7 | |
| | | | |
| (Florida street | t address) | | |
| New Registered Office Address:(C | , Florida | (Zip Code) | _ |
| (0 | ·w | 121p () | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit | h and accept the obligations of the posi | ition. | |
| | | | |
| Signature of New Reg. | istered 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)

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) | Title | <u>Name</u> | Address |
| 1) Change | <u>D</u> | MICHAEL BURNETT | 4347 Elizabeth St |
| Add XXX Remove | | | Wayne, MI 48184 |
| 2) Change | VTRD | MYRETHA BENSON-ARRINGTON | 6701 St. Augustine Road |
| XXX Add | | | Suite 251 |
| Remove 3) Change | V | JAMAL K. WRIGHT | Jacksonville, FL 32217 |
| XXX Add | | | 879 Lawrence Road |
| Remove | | | Detroit, MI 48202 |
| 4) Change | V | MICHAEL BURNETT | 4347 Elizabeth St |
| XXX Add | | | |
| Remove | | | Wayne, MI 48184 |
| 5) Change | P | MYRETHA BENSON-ARRINGTOI | 6701 St. Augustine Road |
| Add | | | Suite 251 |
| XXX Remove | | | Jacksonville, FL 32217 |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | heets, if necessary). | (Be specific) | | | |
|-------------------|---------------------------------------|------------------|---------------------|---------------------------------------|---------------|
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| f an amandmant i | orovides for an exch | anas voalaerifiz | otion or concellati | on of issued shares | |
| provisions for im | plementing the ame ble, indicate N/A) | | | | |
| (if not applica | | | | | |
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| (if not applica | | | | | |

| | 28 February 2022 | | |
|---|---|---|----------------------|
| The date of each amendment(s) ad | option: | | _, if other than the |
| date this document was signed. | | | |
| | bruary 2022 | | |
| Effective date <u>if applicable</u> : | (no more than 90 days afte | er amendment file date) | |
| Note: If the date inserted in this bl document's effective date on the De | | utory filing requirements, this date will r | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| ■ The amendment(s) was/were ado action was not required. | oted by the incorporators, or board of d | lirectors without shareholder action and s | hareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | oted by the shareholders. The number officient for approval. | of votes cast for the amendment(s) | |
| • • | oved by the shareholders through voting ach voting group entitled to vote separ | | |
| "The number of votes east | or the amendment(s) was/were sufficie | ent for approval | |
| by | | | |
| | (voting group) | | |
| selected | A Cal Mile ector, president or other officer – if dir by an incorporator – if in the hands of | | _ |
| appoint | ed fiduciary by that fiduciary) | | |
| | EDWARD D. ARRINGTON JR III | | |
| • | (Typed or printed name of p | person signing) | |
| | President / CEO, MSM Project Manag | gement | |
| • | (Title of person signing) | | |