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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	BARROW A	ASSET MANAGEMEN	NT, INC.
DOCUMENT NUMBER:	P100000985	86	
The enclosed Articles of Amena	<i>lment</i> and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
Ве	nnett H. Ba	arrow	
		Name of Contact Perso	on
Ва	rrow Asset	Management, In	ıc.
		Firm/ Company	
38	3800 W. Bay to Bay Blvd., Suite #21		
Ta	mpa, Florid	la 33629 City/ State and Zip Co	de
Ве	nnett@barro	wasset.com	
E-m	ail address: (to be u	sed for future annual repor	notification)
For further information concern	ing this matter, pleas	se call:	
Kim Michel		at (\$13) 831 4191
Name of Contact	Person		ode & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Dep	partment of State:
	3.75 Filing Fee & ertificate 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)
Mailing Address			t Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations Clifton Building	
P.O. Box 632 Tallahassee, F			n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 JUN 1 1 PM 12: 43

BARROW ASSET MANAGEMENT,	INC.		<u> </u>	"
(Name of Corpor	ation as currently f	iled with the Florida	Dept. of State SECRE	ASSEF, EL ORII
P10000098586				
	cument Number of C	orporation (if known)		
ursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	rida Statutes, this <i>Fla</i>	orida Profit Corporat	tion adopts the following	g amendment(s) to
. If amending name, enter the new name of the	corporation:			
				The new
ame must be distinguishable and contain the v Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or t	orp," "Inc." or "Co	". A professional co		bbreviation
. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
. If amending the registered agent and/or registered agent and/or the new register		s in Florida, enter th	e name of the	
Name of New Registered Agent				-
	(Florida street	address)		•
New Registered Office Address:			, Florida	
	(C	ity)	(Zip (Code)
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar witi	h and accept the oblis	gations of the position.	
	Sunature of New Rea	internal America if all and		-

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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) X Change Add Remove	PVTS	Bennett H. Barrow	3800 W. Bay to Bay BLvd Suite #21 Tampa, Florida 33629	
2) Change Add	V <u>T</u>	Alston B. Barrow	38 <u>00 W. Bay to Bay Bl</u> vo Suite #21 Tamoa, Florida 33629	
X Remove 3) Change Add Remove				
4) Change Add				
Remove 5) Change Add	- -			
Remove 6) Change Add Remove				

an amendment provides for an exchange, reclassification, or cancellation of issued shares,	amending or adding additional Articl tach additional sheets, if necessary).	Be specific)		
an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:		,,		
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	(ij noi applicable, inaicale NiA)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	es after amendment file date)
(no more than 90 day	rs after amenament fite aate)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote.	
"The number of votes cast for the amendment(s) was/were suf	Ticient for approval
by (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without s action was not required.	hareholder action and shareholder
Dated 6/4/18	_
Signature	
(By a director, president or other officer – selected, by an incorporator – if in the han	
appointed fiduciary by that fiduciary)	as of a receiver, master, or other coar.
Bennett H. Barrow	
(Typed or printed name	of person signing)
President, Vice Pres	ident, Secretary & Treasurer

(Title of person signing)