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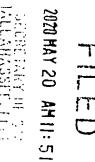
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TRUISM GROUP	, INC.	
DOCUMENT NUM	BER:		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	FATIMA YOUNIS		
		Name of Contact Person	<u> </u>
	TRUISM GROUP, INC.		
		Firm/ Company	
	BOX 541158		
		Address	
	MERRITT ISLAND, FL 329		
		City/ State and Zip Cod	p
		Chy Chart and Esp Cou	•
	cfstopinc@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
Programme in Fourieries	an annual and the second of the		
ror turmer informatic	on concerning this matter, plea	se can:	
ZAYNAL YOUNIS		407 at (480-9795
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of FILED

TRUISM GROUP, INC.

2020 MAY 20 AM II: 51

(Name of Corporation as curren	ntly filed with the Floridac Dept. of State
'P10000101667	TALLAHASSEE, FEGIA
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name 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 contain the word
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
2. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	'SS:
Name of New Registered Agent	
(Florida s	street address)
No. D. Co. HOW. All	D1 - 1
New Registered Office Address:	City Zip Coder
Sew Registered Agent's Signature, if changing Registered Ager	nt;
hereby accept the appointment as registered agent. I am familiar	
e:	D 1. 14 . 27.1
Signature of New	Registered Agent, if changing
Check if applicable	
\Box 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 = 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>	<u>John De</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	VP		ZAYNAL YOUNIS	P.O. BOX 5411
Add		_		MERRITT ISLAND, FL 32954
X Remove				
2) Change		_		
Add				
Remove 3) Change		-		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	eets, if necessary).	(Be specific)	e(s) here:		
					
					
<u> </u>			-		
_					
					
		-			
			•		-
		·			
					<u> </u>
f an amendment pr	ovides for an exc	hange, reclassifica	tion, or cancellation	of issued shares,	
provisions for imple	ementing the ame	endment if not cor	tained in the amend	<u>lment itself:</u>	
(if not applicabl	le, indicate N/A)				
					
			·	· · · · · ·	
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The date of ea	MAY 18, 2020 sch amendment(s) adoption:	if other than the
	nent was signed.	, if other than the
Effective date	if applicable:	
	(no more than 90 days after amendment file date)	
	late inserted in this block does not meet the applicable statutory filing requirements, this fective date on the Department of State's records.	date will not be listed as the
Adoption of A	Amendment(s) (<u>CHECK ONE</u>)	
	ment(s) was/were adopted by the incorporators, or board of directors without shareholder ac not required.	tion and shareholder
	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment reholders was/were sufficient for approval.	I (s)
	ment(s) was/were approved by the shareholders through voting groups. The following states parately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The i	number of votes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	5/18/2020 Dated	
	Signature	
	(By a director, president or other officer – if directors or officers have not beer selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)) urt
	FATIMA YOUNIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	