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AUG - 3 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BY CINAS FOI DOCUMENT NUMBER: DIVOL	ne Hospitality Interiors Inc.
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Brownstone Ho 7509 Excr Orlando,	Name of Contact Person OSPHALITY INTERIORS INC. Firm/ Company VAN GL Drive Address FINICA 32809 City/ State and Zip Code I ton future annual report notification)
For further information concerning this matter, please	call:
_	at (407) 209 - 2719 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\sum \text{Certificate of Status}\$	☐S43.75 Filing Fee & ☐S52.50 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	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Brownstone Hospitality In	JACKIONS INC.		
	filed with the Florida Dept. of State)		
P1/0000 99424 (Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this I			
its Articles of Incorporation:			
A. If amending name, enter the new name of the corporation:			
NA	The new		
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	7509 Exchange Drive		
	Orlando, Florida		
	<u> 32809 </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7509 Exchange Drive		
	Orlando, Florida		
	328.09		
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address			
Name of New Registered Agent 37 1000	aniel		
7509 EX	xchange Dr.		
(Florida str	cet address) – Ø		
New Registered Office Address: OY VChd	(City) . Florida 3280 9 (Zip Code)		
	icin)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	$\frac{2}{2}$ with and accept the obligations of the position.		
_ Diana Ja	well ===================================		
Signature of New R	egistered Ngent fif 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)

____ Add

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 PT John Doe X Remove Mike Jones \underline{V} \underline{SV} Sally Smith <u>X</u> Add Address Type of Action Title Name (Check One) 1) ____ Change X Add ____ Add Remove 3) Change ___ Add ___ Remove 4) ____ Change ___ Add __ Remove 5) Change __ Add _ Remove 6) ____ Change

ach additional sheets, if necessary). (Be specific)	NA
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n annual mant amount of the same and an analysis and	on an annuallysis of issued above
an amendment provides for an exchange, reclassification of the control of the con	ained in the amendment itself:
(if not applicable, indicate N/A)	
NA	
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The date of each amendment(s) adoption date this document was signed.	n:	1/2021	, if other than the
Effective date if applicable:	7/1/202 the more than 9	2 90 days after amendmen	t file date)
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applient of State's records.	cable statutory filing re	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopted b action was not required.	y the incorporators, or	board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien		ae number of votes cast	for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v			
"The number of votes cast for the	amendment(s) was/we	ere sufficient for approv	al
by			_,"
	(voting group)		
selected, by a	incorporator – if in the principle of th		rustee, or other court
	(Title of person sign	L()+- gning)	