## P12000047515

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Euclid 1610, Inc.		<u> </u>	
	1BER:			
	es of Amendment and fee are sul	bmitted for filing.		
Please return all corr	espondence concerning this mat	tter to the following:		
	Aaron Swimmer, Esq			
		Name of Contact Person	1	
	Swimmer Law Associates, PA	٨.		
	-	Firm/ Company		
	1680 Michigan Ave., 1014			
		Address		
	Miami Beach FL 33139			
		City/ State and Zip Code	2	
	je@krakencap.com			
		sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Aaron Swimmer		at ( 305	de & Daytime Telephone Number	
Nam	e of Contact Person	Area Co	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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address  Amendment Section  Division of Corporations		Street Address Amendment Section Division of Corporations		
P.	O. Box 6327	The Centre of Tallahassee		
Tallahassee FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

Euclid 1610, Inc.				
( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
P12000047515				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:			
n/a		The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Control association," chartered," "professional association,"	$Corp_{i}$ " "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address,		1001 Brickell Bay Drive, Suite 2700		
(Principal office address MUST BE A S		Miami FL 33131		
C P. 4	<b></b>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1001 Brickell Bay Drive, Suite 2700		
		Miami FL 33131		
D. If amending the registered agent an new registered agent and/or the ne				
Name of New Registered Agent	Foundet Jean-Christophe			
<u></u>				
	(Florida s.	treet address)		
New Registered Office Address:	Miami	. Florida 33131		
www.mare.m.		(City) (Zip Code)		
BY 1885 The Call Annual Control Control	h			
New Registered Agent's Signature, if c I hereby accept the appointment as regis		u: with and accept the obligations of the position.		
	M/m.			
	/ Signature of New	Registered Agent, if changing		
~ · · · · · · · · · · · · · · · · · · ·		memma ream a simileme		
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)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Fouquet, Jean-Christophe	1001 Brickell Bay Drive, Ste 2700
X Add			Miami FL 33131
Remove			
2) X Change	S	Zara, Alessandro	1001 Brickell Bay Drive, Ste 2700
Add	<del></del>		Miami FL 33131
Remove 3 ) Change	S	Sartori, Ivone	1001 Brickell Bay Drive, Ste 2700 Miami FL 33131
x Add			
Remove		£-7	
4) Change		Santinato, Michele	
Add			
X Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

асп иниппоти	adding additional A al sheets, if necessary	v). (Be specific)				
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an amendmer	nt provides for an e	xchange, reclassifi	ication, or cance	ellation of issued	shares.	
rovisions for i	implementing the a	mendment if not c	contained in the	amendment itse	<u>lf:</u>	
= (if not appl:	icable, indicate N/A) /	1				
	n/a					
	•					
	•					
	•					

October 8, 2020	
The date of each amendment(s) adoption:	, if other than
late this document was signed.	
October 8, 2020	
Affective date <u>if applicable</u> : (no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statuto locument's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of direction was not required.	ectors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate.	
"The number of votes east for the amendment(s) was/were sufficient	for approval
by	."
(voting group)	
October 11, 2020 Dated	
SignatureWi /hW	
(By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	receiver, trustee, or other court
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(Typed or printed name of per	son signing)
$\_$	
(Title of person signing)	