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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MANADI, INC.		
DOCUMENT NUMBI	ER: P13000010150	_	
	f Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
(CAROLYN KAHL		
_		Name of Contact Person	
ŀ	ROCA GONZALEZ, P.A.	• .	
_	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
3	370 MARY STREET		
_		Address	<u> </u>
	MAMI, FL 33133		
_		City/ State and Zip Code	;
CK A H	L@RGPA.COM		
	-	ed for future annual report	notification)
		• • • • • • • • • • • • • • • • • • •	,
For further information	concerning this matter, pleas	e call:	
CAROLYN KAHL		at (305	859-6050
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
Amer Divis P.O. I	ng Address idment Section ion of Corporations 30x 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

of

MANADI, INC.		
(Name of Corporation	as currently filed with the Florida Dep	t. of State)
P13000010150		
(Documen	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Staticles of Incorporation:	atutes, this Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ab	"Inc," or "Co". A professional corpor	orated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY STALLAHASS
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		me of the FARE
Name of New Registered Agent		
	(Florida street address)	
M = 0 = 2 = 10/2 = 1 U		, Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligation	ns of the position.
Signati	re of New Registered Agent, if changing	

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:

(Attoch 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>	<u>John Doe</u>		
X Remove	\underline{V}	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	CAROZZI, NARA G.	3370 MARY STREET	
X Add			MIAMI, FL 33133	
Remove				
2) X Change	VPS	CAROZZI, RICARDO D.	3370 MARY STREET	
Add			MIAMI, FL 33133	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		-		
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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-	
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	adment if not contained in the amendment itself:
orovisions for implementing the amer (if not applicable, indicate N/A)	adment if not contained in the amendment itself:
provisions for implementing the amer	adment if not contained in the amendment itself:
provisions for implementing the amer	adment if not contained in the amendment itself:
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provisions for implementing the amer	adment if not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	option:, if other than th
Effective date if applicable:	
Effective date in applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
September Dated	21, 2018
	Maria.
selecti	d, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	CAROZZI, DANIELA S.
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of norman signing)