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COVER LETTER

TO: Amendment Section Division of Corporations + lying Eyes I DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kyan Eisenman Name of Contact Person Flying Eyes Prones Address
Tegvesta, FC 33469
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Name of Contact Person at (561) 384.4609

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

Flying Eyes	ORONO TIME	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
P1300	0015623	
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	nis Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:	a Works Inc.	The way
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 professional corporation name must conta	rne_new fon "Corp.," in the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Same	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sime	20 JUS - 3
		90 : 01 0 0 0 0 0 0 0 0 0
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.		ج ک
Name of New Registered Agent Spyn 2		_
(Florida	street address)	_
New Registered Office Address: SAME	, Florida	
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: ir with and accept the obligations of the position.	
Same	Registered Agent, if changing	_
Signature of New	Registered Agent, if changing	

Check if applicable

 \square 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	V	Mike_Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_\	/
Add			/
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
3) Change			
Add			
Remove			
6) Change		-/	
Add			\
Remove		A = 1	
		110 Change	

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate NA)		, if necessary).	(Be specific)		
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The date of each amendment(s) adoption	:7/27/2020	, if other than the
date this document was signed.	01100	
Effective date <u>if applicable</u> :	8/1/2020	
	(no more than 9h) days after amendment file da	te)
Note: If the date inserted in this block do document's effective date on the Department	nes not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the a for approval.	mendment(s)
	y the shareholders through voting groups. The follow ting group entitled to vote separately on the amendm	
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by	<u>,</u>	
•	(voting group)	
Dated		
Signature		
	president or other officer - if directors or officers hav	
	incorporator – if in the hands of a receiver, trustee, o tiary by that fiduciary)	r other court
appointed fiduc	nary by that fiduciary)	
	Kyan Eisenma	α
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	