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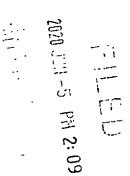
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Amend

JUN 2 3 ZOZO I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: 0000 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 40 sorio egmail.com For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

N	14 Propostion	, tnc.	
(Name of Corporation	as currently filed with the Fl	orida Dept. of State)	
F	130000 205	92	
(Documer	nt Number of Corporation (if k		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Cor	poration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corr	oration:		
			The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," of "chartered," "professional association," or the abbrevious contains the contained association of the company to the abbrevious contains the contained association of th	or "Co". A professional cor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)		
			
			=
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			-5 PPI
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ter the name of the	2: 09
Name of New Registered Agent			-
			-
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip C	,ode)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		obligations of the position.	
Signatu	re of New Registered Agent, if	changing	-

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Attach additional sheet	N II RECENSARY) (Re speci	fic)		_		
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provisions for implen	nenting the an	change, recla	essification, or contained in	ancellation the amend	of issued shares		

	6/1/2020	
The date of each amendment(s) ad date this document was signed.	leption: 0/1/3020	if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment of the sproval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	0/1/2020	
Signature	Del Do	
(By a di	rector, president or other officer) if directors or officers have not be	en
	 d, by an inforporator – if in the hands of a receiver, trustee, or other of ed fiduciary by that fiduciary) 	:ουπ
	Hayra Osoni	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	