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C. GOLDEN APR - 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	EBE	ELWIND INC.	
DOCUMENT NUMBER:	P1.	3000099630	
The enclosed Articles of Amendmen	and fee are su	bmitted for filing.	
Please return all correspondence con	cerning this ma	tter to the following:	
		GARY GRANT	
		Name of Contact Person	1
	GRA	NT LAW CORPORATION	v, P.A.
		Firm/ Company	10
	1920 E HALI	LANDALE BEACH BLVI	D., OFFICE 701
		Address	
	Н	ALLANDALE BEACH, F	1_ 33009
		City/ State and Zip Cod	e
	INFO(@GRANTLAWCORP.CO	М
E-mail ac		sed for future annual report	
For further information concerning the	·	se call: 954	304 3008
Name of Contact Per	son	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	; amount made	payable to the Florida Depa	artment of State:
	Filing Fee & eate 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	on		Address Iment Section
Division of Corpor	rations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32	2314		Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

EBELWIND INC.

2019 MAR 26 PM 1: 30

(Name o	f Corporation as currently f	iled with the Florid	la Dept. of State)			· · · · ·
	P13000099630)			· ·	$\mathcal{J}_{i,j}$
	(Document Number of C	orporation (if know	n)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>FL</i>	orida Profit Corpor	ation adopts the fo	ollowing am	iendme	nt(s) to
A. If amending name, enter the new na	me of the corporation:					
				The	e new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ttion "Corp." "Inc," or "Ce	i". A professional	'incorporated" or corporation name	the abbre must conti	viation ain the	
B. Enter new principal office address, i	<u>f applicable:</u>					
(Principal office address <u>MUST BE A ST</u>						
C. Enter new mailing address, if appli-						
(Mailing address <u>MAY BE A POST C</u>	OFFICE BOX)		··			
			the name of the			
D. If amending the registered agent and new registered agent and/or the new		s in Fiorida, enter	the name of the			
Name of New Registered Agent	GARY	GRANT				
Name of New Regimeren Agem	1920 E HALLANDALE BEACH BLVD., OFFICE 701					
	(Florida stree					
	HALLANDALE BEACH		1711.4	33009		
New Registered Office Address:		'ity)	, Florida_	(Zip Code	.)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	hanging Registered Agent:	th and account the ab	diazitizmy of the no	eitian		
тиет при при продатите продатите при	erea agent. Tam jaminar wi	an ama de Greme or	ngunons ty me po	annon,		
	1-1	17				
		/				
	Signature of New Re	ristered Agent, if ch	anging			

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	PT	John Do	<u>c</u>	
X Remove	\underline{V}	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add				
Remove				
Kemove				
4) Change				
Add				
Remove				
- CI				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	necessary). (Be	nter change(s) b specific)			
			<u> </u>	· · ·	
					
	· · · ·				
			 		
				· · · · · · · · · · · · · · · · · · ·	
f an amendment provides provisions for implementi	for an exchange,	reclassification.	or cancellation	of issued shares	<u> </u>
(if not applicable, indic	ing the amenamei cate N/A)	it ii not contain	<u>ea in the amena</u>	ment itself:	
					
					-
				<u> </u>	

•••	2/12/2019	if other than the
The date of each amendment(s) adopted this document was signed.	ion:	, if other than the
Effective date <u>if applicable</u> :		
	tno more than 90 days afte	r amendment filo date)
Note: If the date inserted in this block locument's effective date on the Depart		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice	by the shareholders. The number of ent for approval.	f votes east for the amendment(s)
☐ The amendment(s) was/were approvement be separately provided for each	ed by the shareholders through voting h voting group entitled to vote separa	groups. The following statement ately on the amendment(s):
	the amendment(s) was/were sufficien	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareh	older action and shareholder
2/ Dated	2/2019	
Dated		
Signature		<u> </u>
(By a directed, b	for, president or other officer – if dire y an incorporator – if in the hands of fiduciary by that fiduciary)	
	Elena B Stylianou	
	(Typed or printed name of pe	erson signing)
	Director	

(Title of person signing)