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COVER LETTER

TO: Amendment Section ' Division of Corporations

Tallahassee, FL 32314

	RATION: SKENDE		DHI, C	ORP
DOCUMENT NUME	BER: P14000024	536		
The enclosed Articles	of Amendment and fee are su	bmitted for t	iling.	
Please return all corres	spondence concerning this ma	tter to the fol	lowing:	
	LUCIMAR VILA	ARINC	MUSC	H
	LM TAX SERV		Contact Persor	l
	4241 BAYMEA		Company S RD, S	SUITE 4
	JACKSONVILL		32217	
		City/ Stat	e and Zip Code	
	LMTAXSERVI		_	
	E-mail address: (to be us	ed for future	annual report	notification)
For further information	n concerning this matter, pleas	se call:		
LUCIMAR	VILARINO MUS	SCH	, 904	, 410-8344
	of Contact Person			de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to th	e Florida Depa	rtment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	Certifie	nal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi	ling Address endment Section sion of Corporations Box 6327		Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED.

SKENDER BARDHI, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

2814 OCT 24 AM 11: 53

P14000024536	STURETARY OF STATE
(Document Number of Corporation (if k	STORE TARY OF STATE (TAULAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address: (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Registered Ag	ent 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:

(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>	Address	
1) Change	VP	KOLE BARDHI	1469 S MANDARIN	
Add			POINT LANE	
Remove			JACKSONVILLE, FL 32223	
2) Change	S	ANDREW R. SCHMIDT	5383 CUMBERLAND	
Add		-	FOREST LANE	
Remove			JACKSONVILLE, FL 32257	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

waario aar onoon, y noonnin, y	icles, enter change(s) here: (Be specific)
	A SECTION ASSESSMENT OF THE SECTION ASSESSME
• "	
If an amendment provides for an evek	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved 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)	
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	
Dated_10/22/20	014	
Signature	(A)	
	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	SKENDER BARDHI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_