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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: ELITE FORCE MA	VINC				
DOCUMENT NUMBE	R: P14000025635					
	Amendment and fee are sul	bmitted for filing.				
Please return all correspo	ondence concerning this mat	ter to the following:				
M	ICHAEL B. SWEENEY					
		Name of Contact Person	l			
El	ELITE FORCE MA INC					
	Firm/ Company					
14	1425 EAST COMMERCIAL BLVD SUITE B					
_	Address					
OAKLAND PARK FLORIDA 33334						
City/ State and Zip Code						
MIKE7	SWEENEY@GMAIL.COM					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information c	oncerning this matter, pleas	e call:				
MICHAEL B. SWEENEY		at (918-4051			
Name of	Contact Person	Area Code & Daytime Telephone Num				
Enclosed is a check for the	he following amount made p	payable to the Florida Depa	rtment of State:			
☐ \$35 Filing Fee	☐S43.75 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 Tullahassee FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ELITE FORCE MAJING.	
(Name of Corporation	on as currently filed with the Florida Dept, of State)
P14000025635	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new d''corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	
 If amending the registered agent and/or registered new registered agent and/or the new registered. 	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signe	ature 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:

(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.

X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	MICHAEL B. SWEENEY	1425 E. COMMERCIAL BLVD
X Add			SUITE B
Remove			OAKLAND PARK FL 33334
2) Change	TR	TAMARA M. WHEELER	1423 E. COMMERCIAL BLVD
X Add			SUITE B
Remove			OAKLAND PARK FL 33334
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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ge, reclassifica	ition, or c	ancellatio	n of issue	<u>d shares,</u>		
1100 000	Managa III	<u> </u>	direct tax	<u></u>		
				-		
	<u> </u>					
	ge, reclassifica nent if not con	ge, reclassification, or content if not contained in	ge, reclassification, or cancellation ment if not contained in the amen	ge, reclassification, or cancellation of issue nent if not contained in the amendment its	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:

The date of each amendment(s)	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment of ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	cment
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareh	older
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	r
selec	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	
	MICHAEL B. SWEENEY	
	(Typed or printed name of person signing)	
	PRESIDENT/REGISTERED AGENT	
	(Title of person signing)	