P1400058472

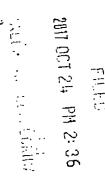
(Re	questor's Name)	
 		
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EXCLUSIVE CO	VERINGS INC.	<u> </u>	
DOCUMENT NUME	P14000058472			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	YUVAL FADLON			
		Name of Contact Perso	n	
	EXCLUSIVE COVERINGS	INC.		
	 	Firm/ Company		
	470 ANSIN BLVD #AA			
	· · · · · · · · · · · · · · · · · · ·	Address		
	HALLANDALE FL 33009			
	•	City/ State and Zip Cod	e	
EXCI	_usivecoveringsinc@	GMAIL.COM		
	-	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
YUVAL FADLON		786	838-7555	
Name o	of Contact Person		ode & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment 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 Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2017 OCT 24 PK 2: 36

EXCLUSIVE COVERINGS INC. (Name of Corporation as currently filed with the Florida Dept. of State) · + . 1. 1 P14000058472 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: YUVAL FADLON Name of New Registered Agent 470 ANSIN BLVD. # AA (Florida street address) HALLANDALE New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jor	<u>nes</u>		
<u>X</u> Add	<u>sv</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
I) Change					
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change				-	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
N/A		
		
-		
		
<u> </u>		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
N/A		
	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		

	N/A	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	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	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	oproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were acaction was not required.	dopted by the incorporators without shareholder action and shareholder	
10/18/20 Dated	17	
-		
Signature		
(By a selec	director, president or other officer – if directors or officers have not beeted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	YUVAL FADLON	
	(Typed or printed name of person signing)	
	PD	
	(Title of person signing)	