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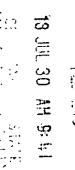


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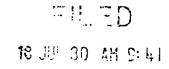
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HAR BROKERA	GE INC.	
DOCUMENT NUMB	ER: P14000084941		
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Ted D'Apuzzo, Esq.		
-		Name of Contact Person	n
	The D'Apuzzo Law Firm		
-		Firm/ Company	
	2755 E. Oakland Park Blvd.,	Suite 303	
-		Address	.
	Fort Lauderdale, FL 33306		
-		City/ State and Zip Cod	e
varivh	ar18@yahoo.com		
-		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Ted D'Apuzzo, Esq.		at (507-4074
Name o	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clitton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, Ft. 32301

Articles of Amendment to Articles of Incorporation of



HAR BROKERAGE INC. (Name of Corporation as currently filed with the Florida Dept. of State) P14000084941 (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: 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," B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: Name of New Registered Agent (Florida street address) New Registered Office Address: _. Florida_ 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

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 Doc 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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Stefanie Orly Har	440 Montclaire Drive
x Add			Weston, FL 33326
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary),	icles, enter change(s) here (Be specific)		
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f an amendment provides for an exch	ange, reclassification, or	cancellation of issued sh	ares,
provisions for implementing the amer	ndment if not contained in	n the amendment itself:	
(if not applicable, indicate N/A)			

The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.		
Effective date f applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date wo partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
The amendment(s) was/were approvided for must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ade action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	24-18	
	10.	
(By a	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	uri
	Yariv Har	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	