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C. GOLDEN SEP - 1 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	BEKAR	INLO	12 porateis	
DOCUMENT NUMB	er:?	150000	2816		
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing	ļ.		
Please return all corresp	pondence concerning this ma	itter to the followi	ing:		
	· ·	CEUIN AC	ردا		
-		Name of Con	tact Person		
_		PEKAT	PLNCO	Lpora TED	<u> </u>
	0/0 222	Firm/ Co	mpany	•	_
-	40 332	West	22MB	STREET	<u>San</u> sen Apī
-		City/ State and	d Zip Code	2011	
	E-mail address: (to be u	© E19	<u>a m e S</u> ual report no	etification)	
For further information	concerning this matter, plea	se call:			
ILEV	INAILEN	at (516	246 033 & Daytime Telephone	,4
Name o	f Contact Person		Area Code	& Daytime Telephone	Number
Enclosed is a check for	the following amount made	payable to the Flo	orida Departi	ment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional c enclosed)	ру /	Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Maili</u>	ing Address		Street Ac	ldress	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

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	of		1 : L L U
	REKAP I	Ncorporated	2017 SEP - 1 AM 10: 1
(Name of C		led with the Florida Dept.	
	P1500000	2816	MALEANASSEE FLORE
	(Document Number of Co		3
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Flo</i>	orida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new name	of the corporation:		
ET PER	RFORMANCE	TNEORDOIAL	そり The new
EI PER name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co	". A professional corporat	
B. Enter new principal office address, if a	pplicable:	x to to de	BORNER BLAD
(Principal office address <u>MUST BE A STRI</u>		want t	Beside Sto
			ZXFal
			CSCS! IX
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)			
	•		
	•		
D. If amending the registered agent and/o		s in Florida, enter the name	e of the
new registered agent and/or the new re	egistered office address:		
Name of New Registered Agent			
_	(Florida street	address)	
New Registered Office Address:			Florida
	(Ci		(Zip Code)
	_		
New Registered Agent's Signature, if chan hereby accept the appointment as registered		and accept the obligations	of the position
never, accept the approximent as registered	a uzem. Tum jumuu mm	i ana accept the obligations	ng me position.
	Signature of New Regi	istered 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.

Example: X_Change	<u>PT</u>	John Do	<u>ee</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</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				
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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	<u></u>		<u> </u>
			
			
f an amendment provides for an excl	nange, reclassification, or c	ancellation of issued sh the amendment itself:	ares,
provisions for implementing the ame	nament ir not contained in		
provisions for implementing the ame (if not applicable, indicate N/A)	nonest i not contained in		
provisions for implementing the ame	nonest if not contained in		
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The date of each amendment(s) adoption: Sept 151 2017 . if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 KEVIN Aller
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated August 18, 2017
Signature Ru allow
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
KEVIN Allen
(Typed or printed name of person signing)
Forder, Director
(Title of person signing)