P1500053794

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Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Next Dispense, Inc. DOCUMENT NUMBER: P15000053794 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Thomas J. Bellante Name of Contact Person Garyn Angel Enterprises Firm/ Company 5471 Richey Dr. Address Port Richey, FL 34668 City/ State and Zip Code tbellante@magicalbutter.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 545-7453

Area Code & Daytime Telephone Number Thomas J. Bellante Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■\$52.50 Filing Fee □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Next Dispense, Inc.				
(Name)	of Corporation as currently	filed with the Florida De	pt. of State)	
P15000053794				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	orida Profit Corporation	adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpo		- bbreviation
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S	TREET ADDRESS)			
			-	
C. Enter new mailing address, if appl	içable:			
(Mailing address MAY BE A POST				
				
D. If amending the registered agent ar		ss in Florida, enter the na	ame of the	
new registered agent and/or the new	w registered office address:			
Name of New Registered Agent	Thomas J. Bellante			
	5471 Richey Dr.			
	(Florida stree	t address)		•
1000 444	Port Richey		34668	
New Registered Office Address:		ity)	, Florida(Zip (ode)
New Registered Agent's Signature, if c	hanging Registered Agent:			
Thereby accept the appointment as regist	tered agent. Hanyjamiliar wi	th and accept the obligation	ons of the position.	
				22
	1/1/2011		7.5	2013
	Signature of New Re	gistered Agent, if changing	<u> </u>	3 71
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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	
<u>X</u> Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	SD	Vanhook, William, CPA	5471 Richey Dr.
Add			Port Richey, Fl. 34668
Remove 2) Change	SD	Bellante, Thomas, CPA	5471 Richey Dr.
X Add			Port Richey, FL 34668
Remove			
3) Change			_
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change Add			
Aqu Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
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f an amandmant arguides for an evol	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	9/01/2018
The date of each amendment(s) adoption: _ date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s) (C	HECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the amendment(s) approval.
☐ The amendment(s) was/were approved by t must be separately provided for each votin	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes east for the am	endment(s) was/were sufficient for approval
by	oling group)
(vo	oting group)
action was not required.	e board of directors without shareholder action and shareholder e incorporators without shareholder action and shareholder
action was not required.	
10/10/2018 Dated	iv-hn - H
(By a director, pre- selected, by an in-	esident or ther officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
Thomas J	. Bellante
	(Typed or printed name of person signing)
CFO	
	(Title of person signing)

. . . .