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7.UG 24 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ForzaChem Inc.				
DOCUMENT NUMI					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Anthony LaVecchia				
		Name of Contact Person			
	ForzaChem Inc.				
	Firm/ Company				
	13762 West State Road 84	=120			
	Address				
	Davie, Florida 33325				
		City/ State and Zip Code			
antho	ny.lavecchia@forzachem.com	n			
	E-mail address: (to be us	sed for future annual report i	notification)		
For further information	n concerning this matter, pleas	se call;			
Anthony LaVecchia		at (944-3028		
Name of Contact Person		Area Coc	le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amendi Division Clifton	Address ment Section n of Corporations Building Secutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

FILED

Articles of Incorporation of

17 AUG 21 AM 9: 21

(<u>Name c</u>	of Corporation as currently	filed with the Florida L	Dept. of State)
P15000076640			
	(Document Number of	Corporation (if known)	<u>.</u>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this F	Torida Profit Corporatio	n adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and con, "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corp	orporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the	name of the
new registered agent and/or the nev	Anthony LaVecchia		
Name of New Registered Agent			
	13762 West State Road 84		
	(Florida stre	et address)	22225
New Registered Office Address:		City)	, Florida
	,	C ((,))	(Zip Couc)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obliga	tions of the position.

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Patrick Corsino	3015 North Ocean Blvd, Apt. 9B
X Add			Fort Lauderdale FL, 33308
Remove			
2) Change	Р	Anthony La Vecchia	14531 Greenbriar Place
X Add			Davie FL, 33325
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
A) ("h			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/A	
	
	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
_	
-	
<u> </u>	

	. Same as date signed	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:	Same as date signed	
Effective date <u>if applicable.</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
17Aug1 Dated	7	
Signature	a director, president or other officer – if directors or officers have not been	
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	Anthony LaVecchia	
	(Typed or printed name of person signing)	
	Registered Agent and President	
	(Title of person signing)	