P15000016640

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Forzachem Inc. DOCUMENT NUMBER: P15000076640 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony LaVecchia Name of Contact Person Forzachem Inc. Firm/ Company 13762 W. ST. Road 84 #120 Address Davie, FI 33325 City/ State and Zip Code anthony.lavecchia@forzachem.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anthony LaVecchia Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$52.50 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

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 to Articles of Incorporation of

Forzachem Inc.	_
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P15000076640	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
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.	
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent	
(Florida si New Registered Office Address:	treet address) N/A . Florida
Hen Kegishered Office Madesy.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the position. Registered Agent, if changing
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 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.

X Change	<u>PT</u> <u>Joh</u>	in Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Patrick Corsino	3015 North Ocean Blvd.
Add			Apt. 9B
X Remove			Fort Lauderdale, FL 33308
2) Change	No	m/2	
Add			· · · · · · · · · · · · · · · · · · ·
Remove		1/2	
3) Change	.	NA	
Add			
Remove			
4) Change		Na	
Add			
Remove			
5) Change		MA	
Add		,	
Remove			
		MA	
6) Change		<u></u>	
Add			
Remove			

E. If amending or adding additional Articles (Attach additional sheets, if necessary). (1)	i <mark>, enter change(s</mark>) Be specific)	<u>) here</u> :		
N/A	·			
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F. If an amendment provides for an exchange	ge, reclassificatio	on, or cancellation	of issued shares,	
provisions for implementing the amenda (if not applicable, indicate N/A)	nent if not conta	ined in the amendi	nent itseir:	
N/A				
		···	-	
			<u>-</u>	
				
		<u> </u>	.,	•

	September 01, 2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
S Effective date <u>if applicable</u> :	eptember 01, 2018	
Effective date in applicable.	(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 Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east 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):	t
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	<u></u> ,	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
01Sep1 Dated	8	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Anthony LaVecchia	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

. . . .