P150000091138

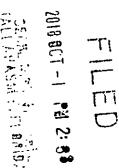
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Pressure Down 120) Inc		
DOCUMENT NUMBER: _	15000091638			
The enclosed Articles of Amer	adment and fee are su	bmitted for filing.		
Please return all corresponden	ce concerning this ma	tter to the following:		
Howard	l Shecter			
		Name of Contact Persor	1	
Pressur	e Down 120 Inc			
		Firm/ Company		
6401 ea	ist Rogers Circle, Suit	ie 6,		
		Address		
Boca R	aton, Fl, 33487			
		City/ State and Zip Code	•	
zgfcorp@gm	il.com			
	nail address: (to be u	sed for future annual report	notification)	
.,,		, , , , , , , , , , , , , , , , , , ,	·	
For further information concer	ning this matter, pleas	se call:		
Howard Shecter		561 at (2134806	
Name of Conta	ct Person		de & Daytime Telephone Number	
Enclosed is a check for the fol	lowing amount made	payable to the Florida Depa	artment of State:	
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building 2664 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Pressure Down 120 inc (Name of Corporation as currently filed with the Florida Dept. of State) P15000091638 (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_ (City) (Zip Code) 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 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 Jo</u>	<u>hn Doe</u>	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Lori Shecter	6401 EAST ROGERS CIRCLE
Add			STE 6
X Remove			BOCA RATON, FL 33487
2)Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change		,	
Add			
Remove			
5) Change			
Add			
Remove			
6)Change		 	
Remove			

Attach additional sheets, if necessary).	icles, enter change (Be specific)			
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f an amendment provides for an exch	ange, reclassifica	tion, or cancellatio	on of issued share	<u>.s.</u>
provisions for implementing the ame	<u>ndment if not con</u>	tained in the amer	idment itself:	
(if not anolicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)		 		
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

	idoption:, it other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
	t for the amendment(s) was/were sufficient for approval
bv	(voting group)
•	(voting group)
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder
9/25/18	
Dated Signature	19
(By a select	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 court nted fiduciary by that fiduciary)
	Howard Shecter
	(Typed or printed name of person signing)
	l,
	(Title of person signing)