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JEN 1, 2021

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: XY - XX LYC DOCUMENT NUMBER: Place OCCO 7937 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:				
Sun rise FL 3335] City/ State and Zip Code Splugzroud & Gmail. Com E-mail address: (g) be used for future annual report notification)				
For further information concerning this matter, please call:				
Tamal Shepard at (954) 854-1311 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation
of

XU-X	/	Ź	.: !2 5	·· 5: 17
(Name of Corporatio	n as currently filed	with the Florida	Dept. of State)	
PILA	MMM	127		
(Docum	ent Number of Corp.	oration (if known)		
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida</i>	ı Profit Corporati	ion adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the co.	rporation:			
Hama	Inc.			The new
name must be distinguishable and contain the word "co." Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A proje	y," or "incorpore ssional corporati	ited" or the abbr on name must (eviation "Corp.,"
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)			
			_	
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	r.			
(Stating duaress STAT BE A LOST OF CICE BO.				
			· 	
				
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter th	e name of the	
Name of New Registered Agent				
The state of the s			•	
	(Florida street add)	'ess)		
New Registered Office Address:			, Florida	
	(City)	•		(Zip Code)
New Registered Agent's Signature, if changing Regi	cturud Amont			
I hereby accept the appointment as registered agent. I	am fàmiliar with and	Laccept the oblig	ations of the pos	ition.
Siona	ure of New Registere	rd Agent, if chano	ing	
			er og de	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	$\underline{\mathbf{V}}$	Mike Jones		
_X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				
Add			-	_
Remove			-	 -
2) Change			 	
Add			-	
Remove 3) Change				
Add				
Remove			_	
4) Change				
Add			_	
Remove			_	
5) Change				
Add			_	
Remove			_	
6) Change	···	_		
Add			_	
Remove				

The date of each amendment(s) ad	loption:	if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	i file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing repartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast flicient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the e	
"The number of votes east	for the amendment(s) was/were sufficient for approv	al
by		,
,	(voting group)	_
Dated	4-14-2021	
Signature	amal 9 hepard/ext	
selected	rector, president or other officer – if directors or officer. It by an incorporator – if in the hands of a receiver, treed fiduciary by that fiduciary)	
-	(Typed or printed name of person signing	

Progiciant (Title of person signing)