P16000056514

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SNUGGROW INC	· · · · · · · · · · · · · · · · · · ·	
	BER: P16000056514		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MAYUMI TODD		
		Name of Contact Person	
	TODD ACCOUNTING		
		Firm/ Company	
	18001 OLD CUTLER RD St	UITE 454	
		Address	
	MIAMI, FL 33157		
		City/ State and Zip Code	
	INFO@1040ME.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: at (827-1040
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depo	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address pendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee S. Monroe Street, Suite 810 ussee, F1, 32303

Articles of Amendment to Articles of Incorporation

of SNUGGROW INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P16000056514	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P,A,	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18001 OLD CUTLER RD SUITE 454
	MIAMI, FL 33157
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New I	Ranistered Agant if changing

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)

Example:

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MASAHIRO SEKI	660 BAKER
Add		_	SUITE 405
X Remove			COSTA MESA, CA 92626
2) Change	p	MAYUMI TODD	18001 OLD CULTER RD
X Add			SUITE 454
Remove 3) Change			MIAMI, FL 33157
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A	
	.
F. <u>If an ar</u> provis	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:
- (i)	not applicable, indicate N/A)
N/A	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amena	
	(no more than 90 days after amena	ment file date)
Note: If the date inserted in this be document's effective date on the Do		ig requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors v	vithout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes of ifficient for approval.	east for the amendment(s)
	proved by the shareholders through voting groups each voting group entitled to vote separately on	
"The number of votes cast	for the amendment(s) was/were sufficient for ap	proval
by		"
	(voting group)	
DatedSignature(By a d	11/3/21 y-Godd irector, president or other officer - if directors or	officers have not been
selecte	d, by an incorporator – if in the hands of a receiv ted fiduciary by that fiduciary)	
	MAYUMI TODD	
	(Typed or printed name of person sig	ning)
	PRESIDENT	
	(Title of person signing)	