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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

Division of Corporations NAME OF CORPORATION: Motman Enterprises, Inc. DOCUMENT NUMBER: P1600056577 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vicki Levy Eskin Name of Contact Person Levy + Associates, P.A. 1732 N Ronald Reagan Blvd. Longwood, Florida 32750
City/State and Zip Code Vicki © levylawyers. com
E-mail address: (to be used for filture annual report notification) For further information concerning this matter, please call: Vicki Levy Eskin at (407), 321-4844

Name of Contact Person Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & \$52.50 Filling Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(Additional Copy is enclosed)

Articles of Amendment Articles of Incorporation

FILED

Motman Enterprises, Inc. 2021 APR 14 PM 1:01 (Name of Corporation as currently filed with the Florida Dept. of State) of STATE
(Name of Corporation as currently filed with the Florida Deptoof State) Y OF STATE
(Name of Corporation as currently filed with the Florida Dept of State) 7 OF STATE 12100055577
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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 Vicki Levy Eskin 1732 N. Ronald Reagan Blud. (Florida street address) New Registered Office Address: Longwood Florida 32750 (City) (Zip Code)
New Registered Office Address: Longwood Florida 32750 (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.
Significant Of the Registered Jacon 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)

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	PT John	ı Doe		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	~/ ——	/A 	 	
Add				
Remove				
2) Change			 	
Add				
Remove 3) Change				
Add				
Remove				
4) Change			 	
Add				
Remove				
5) Change			 	
Add				
Remove				
6) Change			 	
Add				
Remove				

2. If amending or adding additional Arti	
(Attach additional sheets, if necessary).	(Be specific)
	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numerical in the amendment users.
- corporation	is increasing number of share
5	to 1,000,000. We believe
<u>vove 100,000</u>	10 1,000, ove believe
his creates o	a I to 10 share stock split,
thus current c	owner percentage of overall
annership is n	at impacted
A to la live	O C II
	hall now read as follows:
the number o	to issue is: 1,000,000.
s authorized	to issue is: 1,000,000.

The date of each amendment(s) date this document was signed.	adoption:	April 6, 2021		if other than the
date one cocument was signed.				
Effective date <u>if applicable</u> :	<u>April</u>	6, 2021		
	e	no more than 90 day:	after omendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not Separtment of St	meet the applicable a ate's records.	statutory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s)	(CHEC	CK ONE)		
▼ The amendment(s) was/were accion was not required. **The amendment(s) was/were accion was not	dopted by the inc	corporators, or board	of directors without shareholder	action and shareholder
☐ The amendment(s) was/were at by the shareholders was/were	dopted by the sha sufficient for app	archolders. The num proval.	ber of votes cast for the amend:	nent(s)
☐ The amendment(s) was/were ap must be separately provided for	optoved by the sire each voting gr	hareholders through voup entitled to vote s	voting groups, The following st eparately on the amendment(x):	alement
"The number of votes can	it for the amendi	ment(s) was/were suf	ficient for approval	
by			,,	
	(voting	g group)		
Dated_ A	2021 كالتعط	1	•	
	The same of the sa	//	- \	
Signature	/ }/_			
	director preside	ent or other officer	Filirectors or officers have not t	
select	ed by an incom	orator – if in the ham	ds of a receiver, trustee, or other	recur
appoi	nted fiduciary b	y that fiduciary)	and received, musico, or other	Court
		• • •		
		Thomas M_/	Amen	
	(T)	ped or printed name		······
		President/CE	:O	
	(Ti	tle of person signing)	