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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ____ UR UNIQUE RECORDS **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLAUDE ALEX FORGES JR Name of Contact Person UR UNIQUE RECORDS Firm/ Company 13300 S CLEVELAND AVE STE 56 Address FORT MYERS, FL 33907 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CLAUDE ALEX FORGES JR Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee (already on file) Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Amendment Section
Division of Corporations Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Nallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

URUNIQUERECORDS INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

P1600007072	0			3
	(Document Numbe	r of Corporation (if known	1)	بې
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, tl	nis <i>Florida Profit Corpord</i>	ation adopts the following amer	ndme
A. If amending name, enter the new na	ame of the corporation:			
UR UNIQUE RECORDS INC			The	*****
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," o	r "Co". A professional i	incorporated" or the abbrevi	ation
P. Entar navy principal office address	if applicable	N/A		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		- •		
		·		_
C. Enter new mailing address, if appl		N/A		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			_
D. If amending the registered agent ar			he name of the	
new registered agent and/or the ne	w registered office addr	ess:		
Name of New Registered Agent	N/A			
	(Florida	street address)		
New Registered Office Address:	N/A		, Florida	
New Registerea Office Address:		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ications of the position	
Thereby accept the appointment as regist	erea agent. I am jamitio	ir wiin and accept the oot	gations of the position.	
		-(14		
- PARTICLE AND ADDRESS OF THE		NIH		
	Signature of Ma	a Decistored Asset if the	naina	

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add ·				
Remove				
4) Character				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	Attach additional sheets, if necessary). (Be specific)
***	******PLEASE NOTE, THAT THE CHECK # IS ALREADY ON YOUR POSSESION. ***** SEE LETTER
	,
	·
F. 1	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
_	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	The second secon

The transfer to the state of the state of	4/19/16
The date of each amendment(s) adopt date this document was signed.	ion:, if other than the
N/A	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	ν // A - "
<u></u>	(voting group)
action was not required.	by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder
4/19/16	
Dated	
Signature	
selected, by	or, president or other officer – if directors or officers have not been or an incorporator – is in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
CL	AUDE A FORGES JR
	(Typed or printed name of person signing)
ECI)
	(Title of person signing)