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SECRETARY OF STATE

A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: <u>CoBs 146</u> 0	DILLS CORPORA	1780~
	er: <u>P160000 7</u>		<u>-</u>
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	Ausara	GAD	
-	7705142	Name of Contact Persor	1
-		Firm/ Company	
-	13642 R	Address Comp. FC 33 City/ State and Zip Code	s RLUS.
_		CIM FC 33	44 <i>5</i>
		City/ State and Zip Code	·
-	ANDY CARR 2001	Conse. Consed for future annual report	
	ri-mail address: (to be the	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Ausra	GRR	at (<u>8/3</u>	392-6532
Name o	l'Contact Person	Ārea Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$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			Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

E F

COBS HOLDINGS GRAD	PATENT State of the Flashel Note of State = -
P160m 74923	eas currently filed with the Flo File Defit. 25 tate 7: 50
(Docume)	nt Number of Corporation (if known) LLAHASSEE, FI
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The _ new poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	PESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	,
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	tFlorida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I c	tered Agent: am familiar with and accept the obligations of the position.
	rre of New Registered Agent, if changing

Check if applicable \Box 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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
_X Add	<u>SV</u> <u>Sall</u>	y <u>Şmith</u>	
Type of Action (Check One)	Tale	<u>Name</u>	<u>Addres</u> s
1) Change	_\$_	Reacy GSS	6614 AUGUS VALLET DO.
Add			LESIEN CHAPEL , FC 33544
<u>✓</u> Remove	_		
2) Change	_S_	Langue Coss	6614 Augus VAICA DO
Add			Lescon CHAPPEL, FC 33544
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Domayo			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

.

The date of each amendment(s) adoption: _	3-14-2020	, if other than the
date this document was signed.		
Effective date if applicable:	- 14.2020	
	tno more than 90 days after amendment file dates	1
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory tiling requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by th action was not required.	e incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ie shareholders. The number of votes cast for the am r approval.	endment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendmen	
"The number of votes cast for the an	endment(s) was/were sufficient for approval	
by	·	
(r	oting group)	
Dated <u>}- JJ- bJ</u> Signature		
(By a director, pre- selected, by an in	ident or other officer – if directors or officers have corporator – if in the hands of a receiver, trustee, or or by that fiduciary)	
	Ausan Coss	
-	(Typed or printed name of person signing)	
	Céo	
	(Title of person signing)	