P1600078871

(Requestor's Name)
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(Business Entity Name)
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C. GOLDEN SEP 1 7 2018

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: In NOrt DISCOUNT INC					
DOCUMENT NUMBER: \$ 160000 788 7					
The enclosed Articles of Amendment and fee are submitted for filling.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person In NOUN DISCOUNT INC Pirm/ Company Odd Sam Caby of St Address Clevistan Fl 33-1-10 City/ State and Zip Code Yoxanat 2601 Q yaha . Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Vos vani O107 au 561, 236-5816					
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:					
□ \$35 Filing Fee □\$43.75 Filing Fee □\$43.75 Filing Fee □\$52.50 Fil					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation αf

Articles of An	nendment 2.
to	1/8 C
Articles of Inco	rporation
In N (Put 1) isc	rount Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P16000078871	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
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.," or the designation "Corp." "Inc," or "C vord "chartered," "professional association," or the abbreviation "F	
3. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
(Stuting duaress MAT BY A POST OFFICE BOX)	
). If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent JOSU D NIC	azar
132 South	W.C. Owen Ave
Cla : L	raddress)
New Registered Office Address: VWISTON	, Florida 35 1 10
TC.	(Lip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position
issers, accept the approximent as regimered agent. Tum juminu wi	от ити иссерстве остраноть од те ромнот.
,	
19	
Signature of Signature	gistered 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: <u>X</u> Change	<u>PT</u> <u>John</u>	Doc	
X Remove	V Mike	: Iones	
X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>P</u>	Yosvani Diaz	204 South San Gabriel St
Add Remove		1	San Gabriel St Clewiston Fl 33440
2) Change	ρ	Jose D Alcazar	17 W Canal St N Polle Glade Fl 33-130
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	N/Δ
	/
_	

If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
If an amendment provides for an exch provisions for implementing the ame	range, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the amer	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	8-20-2018	, if other than the
date this document was signed.		
Effective date if applicable:	8-20-1018	
	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does not m document's effective date on the Department of State		this date will not be listed as the
Adoption of Amendment(s) (CHECI	K ONE)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approximation.		dment(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro	areholders through voting groups. The following up entitled to vote separately on the amendment	
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval	
hy		
(voting)	group)	
☐ The amendment(s) was/were adopted by the boar action was not required.		
The amendment(s) was/were adopted by the inco action was not required.	rporators without shareholder action and shareho	lder
Dated 9 16 2	1018	
Signature		
	t or other officer - if directors or officers have no	
selected, by an incorpor appointed fiduciary by t	rator – if in the hands of a receiver, trustee, or others following a	ner court
	odor printed name of person signing)	
(Тур	ed/or printed name of person signing)	
	Prosident	
	(Title of person signing)	