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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: BARONFIN, TUC. DOCUMENT NUMBER: P1600080532 |
| DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| DEN'S FISHMAN, ESQ. Name of Contact Person |
| Name of Contact Person |
| BEN'S FISHMAN, P.A. Firm/Company |
| Firm/ Company |
| 1920 E. HALLANDALE BEACH BLUD, # STE 709 |
| Address |
| 1920 E. HALLANDALE BEACH BLUD, # STE 709 Address HALLANDALE ISEACH, FL 33009 City/ State and Zip Code |
| City/ State and Zip Code |
| df@usaimmigrationfl.com1 |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| DEN'S FISHMAN at 305 931-9355 |
| 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional Copy is enclosed) |

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

RARONFILL TILC

| <i>D</i> | MADNIN, INC. | 7 G | ~ |
|---|---|---------------------------------------|----------|
| | f Corporation as currently filed with the Florida Dept. of State) | 30 S. | 7 |
| | 016000080532 | ै आ १००० | |
| | (Document Number of Corporation (if known) | | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this Florida Profit Corporation adopts the foll | owing amend | men |
| A. If amending name, enter the new na | me of the corporation: | | |
| - MA | | | iew |
| | ain the word "corporation," "company," or "incorporated" or t ation "Corp," "Inc," or "Co". A professional corporation name n tion," or the abbreviation "P.A." | | |
| B. Enter new principal office address, (Principal office address MUST BE A ST | | | - |
| | | | _ |
| C. Enter new mailing address, if appli- (Mailing address MAY BE A POST (| | | _ |
| | | | - - |
| D. If amending the registered agent an new registered agent and/or the new | d/or registered office address in Florida, enter the name of the registered office address: | | |
| Name of New Registered Agent | | | |
| | (Florida street address) | | |
| New Registered Office Address: | , Florida | · · · · · · · · · · · · · · · · · · · | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if ch I hereby accept the appointment as registe | nanging Registered Agent: ered agent. I am familiar with and accept the obligations of the posit | ion. | |
| | | | |
| | Simulture of New Pagintaged Agent if shanging | | |

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 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 | _D | ZION BINYAMINOV | 3029 NE 1884 ST, 517 MIAMI, FL 33180 |
| X Add | | | MIAMI, FL 33180 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | ······································ |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) |
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| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
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| | |

| The date of each amendment(s) adoption:date this document was signed. | 01/01/2017 | , if other than the |
|---|---|-------------------------|
| Effective date if applicable: | 01/01/20/7 (no more than 90 days after amendment | it file date) |
| Note: If the date inserted in this block does document's effective date on the Department o | not meet the applicable statutory filing re | |
| Adoption of Amendment(s) (Cl | HECK ONE) | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | shareholders. The number of votes cast f approval. | or the amendment(s) |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | | |
| "The number of votes cast for the ame | endment(s) was/were sufficient for approva | ıl |
| by | oting group) | " —' |
| (vc | oting group) | |
| ☐ The amendment(s) was/were adopted by the action was not required. | board of directors without shareholder ac | tion and shareholder |
| The amendment(s) was/were adopted by the action was not required. | | and shareholder |
| Dated 0//01/ | 1017 | |
| Signature <u>K</u> | ·: 1 4 | |
| (By a director, pre | sident or other office if directors or officerorporator – if in the hands of a receiver, tr | cers have not been |
| | y by that fiduciary) | assec, or office source |
| | HHARON BINYAMINO | |
| | (Typed or printed name of person signing |) |
| | PRESIDENT | |
| | (Title of person signing) | |