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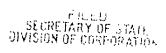
COVER LETTER

TO: Amendment Section

Division of Corporations ONE BARK PLAZA, INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EARL POWERY Name of Contact Person ONE BARK PLAZA, INC. Firm/ Company 6574 N. STATE RD 7, SUITE 187 Address COCONUT CREEK, FL 33073 City/ State and Zip Code admin@onebarkplaza.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EARL POWERY 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 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ONE BARK PLAZA, INC.

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one brack i Erebri, inc.	roto ito 123 FM 3
(Name of Corporati	on as currently filed with the Florida Dept. of State)
P16000083747	
(Docun	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridate ts Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbreviation," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u> </u>
	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address;
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
- + + + + + + + + + + + + + + + + + + +	(City) (Zip Code)
low Depletered Aponto Clamatum (Cabusta Desi	
ew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	Istered Agent; I am familiar with and accept the obligations of the position.
	, position
Signe	ature 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)	Title	<u>Name</u>	Address
l)Change	<u>v</u>	NICOLAS CARDENAS	6574 N. STATE RD 7, SUITE 187
X Add			COCONUT CREEK, FL 33073
Remove			
2)Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	····
Add			
Remove			
5) Change			
Add			
Remove			
6)Change		_	
Add			
Remove			

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		 .
		
an amendment provides for ar	nn exchange, reclassification, or cancellation of issued shares, ne amendment if not contained in the amendment itself:	
(if not applicable, indicate N	N/A)	
(if not applicable, indicate N	N/A)	
(if not applicable, indicate N	N/A)	
(if not applicable, indicate N	N/A)	
(if not applicable, indicate N	N/A)	
(if not applicable, indicate N	N/A)	
(if not applicable, indicate N	N/A)	

	adoption:	if other than the
date this document was signed.		JIVISION OF CURPORALL
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	2016 NOV 29 FM 3: 05
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendr sufficient for approval.	ment(s)
	pproved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and share	c hold er
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehold	ler
11/22/20 Dated	16	
selec	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	EARL POWERY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	