(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BUZZWINX INC		
DOCUMENT NUMB	P17000009679		
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	SCOTT E ITKIN		
-		Name of Contact Persor	1
	SOUTH FLORIDA TAX		
		Firm/ Company	
	12401 ORANGE DRIVE ST	E 222	
		Address	
	DAVIE, FL 33330		
		City/ State and Zip Cod	2
SETA	X@AUL.COM		
		sed for future annual report	notification)
For further information SCOTT E ITKIN	n concerning this matter, pleas		458-2000
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Amo Divi P.O	ling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address  dment Section on of Corporations of Building  Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BUZZWINX INC /	
(Name of Corporatio	on as currently filed with the Florida Dept. of State)
P17000009679	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida 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 co-	rpora <u>tion:</u>
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the c	d "corporation." "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>:</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	
D. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
N. D. C. LOWE Children	. Florida
New Registered Office Address:	(City) (Zip Code)
	I am familiar with and accept the obligations of the position.
	warms of Nove 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	PT · Joh	<u>n Doe</u>		
X Remove	<u>V</u> <u>Mike Jones</u>			
X Add	<u>SV</u> <u>Sal</u>			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	BRENDA STRUMPF	12401 ORANGE DR STE 222	
Add			DAVIE, FL 33330	
X Remove				
2) Change	Р ,	DARCY KIERAN	12401 ORANGE DR STE 222	
X Add		-	DAVIE, FL 33330	
Remove				
3 ) Change				
Add				
Remove				
4) Change	<u></u>			
Add	,			
Remove			<u></u>	
5) Change	·			
Add				
Remove				
6) Change				
Add				
Remove				

(Attac	nending or adding additional Arti th additional sheets, if necessary).	(Be specific)
/A		
	,	<del></del>
_	<u> </u>	
	-	
		De de Constitution
<u>If an</u>	amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
рго	(if not applicable, indicate N/A)	Million to to to the and the aniconstitution of the state
J/A	(9 4,7,	
	<u> </u>	
	<u> </u>	

The date of each amendment(s)	if other than to
fate this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
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 amendment(s) sufficient for approval.
The amendment(s) was/we're a must be separately provided j	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ept for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
AUGUS Deted	ST 17, 2018
(By sele	a director, president of other officer – if directors or officers have not been code, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	DARCY KIERAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)