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COVER LETTER

TO: Amendment Section Division of Corporate	1		
NAME OF CORPORAT	P 1 0 0 3	ptc (est	er Corp
The enclosed Articles of A	 mendment and fee are su 	bmitted for filing.	
Please return all correspon	dence concerning this ma	itter to the following:	
LP1	rence	K Rpkoh	/
(0	porote C	Name of Contact Person	Sif
18	27 N.W.	Name of Contact Person Pirm/ Company Off. Address City/ State and Zip Code	10 H110
13 o	Ch Kpton	Address 339	33
1		City/ State and Zip Code	
Fore	4 Bbyc 9	Hot MAIL C	<i>د</i> ۲ ه
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
Lpurence K	RPKor	at (3 c i	300-7587
Name of C	ontact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	urtment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address cent Section		Address ment Section
Division	of Corporations	Division	n of Corporations
P.O. Bo	c 6327 sec, FL 32314		entre of Tallahassee I. Monroe Street, Suite 810
тапалаз	occ, FL 34314		ssec, FL 32303

Articles of Amendment

to
Articles of Incorporation

Corpor	of Ceter of	2019	
	(Name of Corporation as currently filed w	ith the Florida Dept. of State)	
0 170	00041476		
	(Name of Corporation as currently filed w	ntion (if known)	
Pursuant to the provisions of its Articles of Incorporation:	section 607.1006, Florida Statutes, this <i>Florida I</i>	Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, ente	the new name of the corporation:		
_			The new
"Inc.," or Co.," or the de: "chartered," "professional o	and contain the word "corporation," "company ignation "Corp," "Inc," or "Co". A profess ssociation," or the abbreviation "P.A."	" or "incorporated" or the abbrevional corporation name must co	iation "Corp.," ntain the word
B. Enter new principal off (Principal office address Mi	Territoria de la composición del composición de la composición de la composición de la composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del composición del composición del composición d		
C. Enter new mailing add (Mailing address MAY)	ress, if applicable: BE A POST OFFICE BOX		2020 HAR
		Jacida, enter the name of the	31 SSS
D. If amending the register	red agent and/or registered office address in lad/or the new registered office address:	TOTAL	inde L
<u>Name of New Regi</u>	nered Agent		<u> </u>
	(Florida street addr	PCC)	<u> </u>
	(* 101 102 011 021 021 0		
New Registered Of	fice Address: (City)	, Florida	(Zip Code)
New Registered Agent's S I hereby accept the appoint	gnature, if changing Registered Agent: ment as registered agent. I am familiar with and Signature of New Register		tion.
Check if applicable The amendment(s) is/an	being filed pursuant to s. 607.0120 (11) (e), F.S.	i.	

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 John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action	Title Name	Address
(Check One) 1) Change	5 REBECCA KROKOW	BOCA RATIN FI 331121
Add Remove		
2) Change	UP Lourence KRAKOW	BOCP Rotin Fl 32421
Add		Or Ch. Harrist .
Remove 3) Change		SELECTION 3
Add		Si a
Remove		
4) Change		A A 99
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	ts, if necessary). (Be specific)	
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		5
		JALI 328
If an amendment pro	vides for an exchange, reclassification, or cancellation of issued	shares, AR
provisions for imple	menting the amendment if not contained in the amendment itse	shares, ALL AHA
If an amendment pro provisions for imple (if not applicable	menting the amendment if not contained in the amendment itse	shares, CRETAR
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The date of each amendment(s) adoption:	, if other than t
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	on and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by	2020 HAR 31 AH 9: 1 SECRETARY OF STATE
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) PVrz — K P Col (Typed or printed name of person signing)	<u> </u>
(Title of person signing)	