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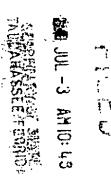
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FO: Amendment Secti Division of Corpo NAME OF CORPOR DOCUMENT NUME		COVERLETTER F/ ERSAN 136	LAW OFFICE P.	W S WO 15
	of Amendment and fee are sub			S. S
Please return all corres	spondence concerning this mat	ter to the following:		
	Emel Ersan			
		Name of Contact Person		
	Emel Ersan Law Otlice			
	100 N. Tampa St.,r St. 2670	Firm/ Company		•
		Address		
	Tampa FL 33602			
		City/ State and Zip Code	•	
lawye	erersan@gmail.com			
	E-mail address: (to be us	ed for future annual report	netification)	
For further informatio	n concerning this matter, pleas	e cali:		
Eniel Ersan		at (712-8769	*****
Name	of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made a	payable to the Florida Depa	rtment of State:	
S35 Filing Fee	□S43.75 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))

Mailing Address

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

Street Address

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

Articles of Amendment

	Articles of Ir	o icorporation if	Ville "
EME	L Ersan L		PA.
(Name o	f Corporation as curren	tly filed with the Florid	la Dept. of State)
	717	100004	1/3/2 発動
	(Document Number	of Corporation (if knows	1)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corpord	ation adopts the following amendment(s
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or	"Co" A professional of	
B. Enter new principal office address,	if annlicable:	100 N. Tampa Str S	St. 2670
(Principal office address MUST BE A S		Tampa FL 33602	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		100 N. Tampa Str. S	St. 2670
		Tampa, FL 33602	
D. If amending the registered agent an			the name of the
new registered agent and/or the nev	v registered office addre	ss:	
Name of New Registered Agent			
	(Florida s	street address)	
Mary Davidson of CVC as Addresses	100 N. Tampa Str. St. 2670 Tampa		, Florida 33602
New Registered Office Address:	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agei weed agent - Lam familia	<u>nt:</u> r with and accent the obt	livations of the position
r never, the copt the approximation as vegini	Creat agent. Transjanin.	, , , , , , , , , , , , , , , , , , ,	The second secon

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:

 $P = President; V \neq Vice President; T \neq Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Do	<u>ne</u>	
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				-
Remove				
2) Change		 .		<u> </u>
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

amending or adding additional Articutach additional sheets, if necessary).	(Be specific)
*	
·	that the state of
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(

The date of each amendment(s) a	6/6/2019 doption:	, if other than th
date this document was signed. Effective date if applicable:	6/6/19 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	block does not meet the applicable statutory filing requirements, this date	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ı
	for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
6/6/2019		
Dated		
Signature		
selecte	irector, president or other officer – if directors or officers have not been d. by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Emel Ersan	
	(Typed or printed name of person signing)	
	Inncorporator, President	
	(Title of person signing)	