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## COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: _	BARU	ENTERPRISES	INC.	
DOCUMENT NUMBER:	P1700	<u>0748200</u>		
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence co	oncerning this matt	ter to the following:		
	) OSE (	31L		
		Name of Contact Persor	1	
		Firm/ Company		
2960 VICTORIA DR  Address  KISSIMAN FL 34746  City/ State and Zip Code				
<del></del>	1.	Address		
	Kissimne	City/ State and Zip Code	<u> </u>	
a				
E-mail	address: (to be us	ed for future annual report	notification)	
For further information concerning	this matter pleas	e call:		
	, ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		000 00 111	
Se GIL Name of Contact P	erson	at ( 40 / Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
		_	_	
	75 Filing Fee & ificate of Status	☐\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy is enclosed)	
Mailing Addre			Address	
Amendment Sec Division of Con			dment Section on of Corporations	
P.O. Box 6327	porations		n Building	
Tallahassee, FL	32314	2661 E	Executive Center Circle	
		Taliah	assee, FL 32301	

## Articles of Amendment to Articles of Incorporation

to

Articles of	Incorporation
BARU EMURPRISI	of PCINC
	ently filed with the Florida Dept. of State)
P1700053470	· · · · · · · · · · · · · · · · · · ·
1 1 100000	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>:</u>
name must be distinguishable and contain the word "corpord" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	₹. "
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florid	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	j. I
New Registered Agent's Signature, if changing Registered Ag	eent:
I hereby accept the appointment as registered agent. I am famil	
	' <b>}</b>
Signature of M.	ew Registered Agent, if changing
Signature of the	tw negatered agent, if changing

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 officer 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. Thereis 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 PΤ John Doe  $\underline{V}$ X Remove Mike Jones <u>X</u> Add SV Sally Smith Type of Action <u>Title</u> <u>Addres</u>s Name (Check One) FERNANCE GIL. VERGERS 2960 VICTORIA AR 1) \_\_\_\_ Change KISSIMMER FL 34740 JESUS F. GIL 3690 FOUNTAINBLEU BLNO 2) \_\_\_\_ Change KISSIMME FL 34746 \_\_ Remove 3) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 5) \_\_\_\_ Change Add \_\_ Remove 6) \_\_\_\_ Change Add

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

\_\_\_ Remove

famending or adding additional Arti Attach additional sheets, if necessary).	
,	
	<del></del>
F	hanna malaniffassing on an allusing of insued shapes
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	indiffer in not contained in the amendment user.
(ij noi applicable, intlicate (VA)	
	**************************************
<del></del>	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	-
Effective date if applicable:	
(no more than 90 days after amendment jile date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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.	
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"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated  O1/08/0018  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)	
(Typed or printed name of person signing)	
	1
PRESIDENT	
(Title of person signing)	