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Jamy

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Earnest Tech Inc		
DOCUMENT NUM	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	joe chakkola		
		Name of Contact Person	1
	security iris inc		
		Firm/ Company	
	10881 cory lake dr	a same ganaganag	
		Address	
	tampa , fl 33647		
		City/ State and Zip Cod	e
jjcha	kkola@hotmail.com		V
"	_	sed for future annual report	·
For further information	on concerning this matter, pleas	se call:	
joe chakkola		at (<u>479</u>	6855650
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Earnest Tech Inc.	
(Name of Corporation as curre	ently filed with the Florida Dept, of State)
P17000061111	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s
. A. If amending name, enter the new name of the corporation:	<u>:</u>
	The new
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	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	က
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
	1638
Name of New Registered Agent	
	
(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
Signature of Ne	w 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	ivin Kuriakose	623 W Sadie St Apt No 120
X Add			Brandon Fl 33510
Remove			<u></u>
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	_	_	
Add			
Remove			
5) Change		_	
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

E. If amending or adding additional A (Attach additional sheets, if necessary	y). (Be specific)				
Ivan will be responsible with the day	to day operations	s of the company	'.		
					
					
			<u> </u>		
				•	
.					
-			-		
F. If an amendment provides for an e	xchange, reclassifi	ication, or cancell	lation of issued sh	ares,	
provisions for implementing the a (if not applicable, indicate N/A)	mendment if not c	ontained in the a	mendment itself:		
	,				
					
					
<u> </u>	_ 				
					

The date of each amendment(s) ad	option:	, if other than the
date 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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, to partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amend fficient for approval.	ment(s)
	roved by the shareholders through voting groups. The following s 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 ado action was not required.	pted by the board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and sharehold	der
7/12/2018		
Dated		
Signature	(%).	·
selecter	rector, president or other officer – if directors or officers have not I, by an incorporator – if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)	
	Joe chakkola	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	