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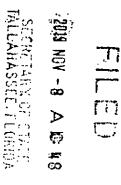
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: ALLORE INC.		
DOCUMENT NUMI	BER: P17000070947		· · · - ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JAMES BRASWELL		
		Name of Contact Person	n
	ALLORE INC.		
	•	Firm/ Company	
	11272 W HILLSBOROUGH AVE		
		Address	
	TAMPA, FL 33635		
		City/ State and Zip Cod	e
BRE	NDA.KENNY@USEGALE.C	СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
	•		
BRENDA KENNY		at ()
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle
		Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

ALLORE INC.	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P17000070947	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ALLORE EVENTS, INC	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
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= 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:	D.I.	John Doe	
X Change	<u>PT</u>		
X Remove	$\underline{\mathbf{V}}$	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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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	if other than the
11/01/2019	
The date of each amendment(s) adoption: Nic document was signed.	- iguel sho
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The date of each amendous signed. 11/01/2019 (no more the	an 90 days after amendment file date)
Effective date if applicable: (no more the a	an 90 days after amendment file date) applicable statutory filing requirements, this date will not be listed as the applicable statutory filing requirements.
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arcs	ident or other or the hands of a receive
Signature (By a director, pres	orporator - If in the
selected by an investigation	ry by that fiduciary
appointed fluor	orporator - If III ary by that fiduciary) on A SWELL signing)
JAMES E	BRASWELL sinted name of person signing)
	Typed or printed name of person signing)
· PRESIE	DENT Garson signing)
PKI-5	(Title of person signing)