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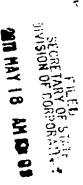
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Mr. Comment

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PIVISION OF CORPORATI

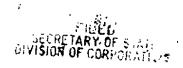
TO: Amendment Section Division of Corporations

THE SI YAH EN

NAME OF CORPO	PRATION: BERZ-ENTERPR	ISE, CORP.	1	
	IBER: P17000077197			
	s of Amendment and fee are so	abmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	AIGAR BERZARINS			
		Name of Contact Perso		
	BERZ-ENTERPRISE, COR	Ρ.		
		Firm/ Company		
	1213 NW 23RD TERR			
	-	Address	 	
	FORT LAUDERDALE, FL	33311		
		City/ State and Zip Cod	e	
AIG	AR.BERZARINS@GMAIL.C	COM		
	•	sed for future annual report	notification)	
	on concerning this matter, pleas			
	MGAR BERZARINS			
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	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			Address	
	endment Section vision of Corporations	Amendment Section		
). Box 6327	Division of Corporations Clifton Building		
-	lahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



BERZ-ENTERPRISE, CORP.

MAY 18 AH ED O

	ntly filed with the Florida Dept. of State)
P17000077197	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) is
A. If amending name, enter the new name of the corporation:	
CARSTYLE, CORP	<i>Th.</i>
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional cornoration name must contain the
B. Enter new principal office address, if applicable:	1213 NW 23RD TERR
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	FORT LAUDERDALE, FL 33311
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 ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	it: 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: X Change	<u>PT</u>	John Doe			
X Remove	$\underline{\mathbf{Y}}$	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>me</u>	Address	
1) Change				 	
Add					
Remove					
2) Change					
Add				 	
Remove					
3) Change				 <u> </u>	
Add				_	
Remove					
4) Change					
Add			-		
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)				
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	provisions for implementing the amen	ACTIVITY OF COMMA				_
	<u>provisions for implementing the</u> amen					

	05/14/2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:	05/14/2018	
Entetive date <u>it applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this c Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	tent
"The number of votes co	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
05/14/20 Dated	018	
(By	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other couninted fiduciary by that fiduciary)	ırı
	AIGAR BERZARINS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	