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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BIZHACK CO				
DOCUMENT NUM	D17000001936				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	DANIEL A GRECH				
		Name of Contact Person	n		
	BIZHACK CO				
		Firm/ Company	·		
	9057 BYRON AVENUE				
		Address			
	SURFSIDE, FL 33154				
		City/ State and Zip Cod	e		
dgre	ch@bizhack.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
DANIEL A GRECH		at (³⁰⁵	926-8458		
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)		
<u>Ma</u>	iling Address		Address		
	Amendment Section		Iment Section		
	vision of Corporations D. Box 6327	Division of Corporations Clifton Building			
	lahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

to Articles of Inc	
of	
BIZHACK CO	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
217000094836	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	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	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	CIC MIAMI, 1951 NW 7TH AVE
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 600
	MIAMI, FL 33136
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
N/A Name of New Registered Agent	_
Nume of New Negislerea Agent	
/£3	reet address)
N/A	N/A
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	t:
hereby accept the appointment as registered agent. I am familiar	

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	<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	N/A	N/A	N/A
Add			
Remove			
2) Change	N/A	N/A	N/A
Add			
Remove	2114	N// A	N/A
3) Change	N/A 		N/A
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove			
5) Change	N/A	N/A	N/A
Add			
Remove			
6) Change	N/A	N/A	N/A
Add			
Pamova			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE II is modified to read as follows:
ARTICLE II: The principal place of business address: CIC MIAMI, 1951 NW 7TH AVE, SUITE 600, MIAMI, FL 33130
The mailing address of the corporation is: 9057 BYRON AVENUE, SURFSIDE, FL 33154.

F. 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)
ARTICLE IV is modified to read as follows:
ARTICLE IV: The number of shares the corporation is authorized to issue is: 10,000 COMMON SHARES, NO PAR
VALUE.

The date of each amendment(s) adopt	February 26th, 2019 on:	n the
date this document was signed.		
N/A		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.	s the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	ne amendment(s) was/were sufficient for approval	
by N/A	. "	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated February Signature	27,2019	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
DA	NIEL A. GRECH	
_	(Typed or printed name of person signing)	
Pre	dent	
	(Title of person signing)	