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Certified Copies	Certificates of	Status
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Office Use Only



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T. LEPAIE 1.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR		abinetry I	nc.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
-	Davon	Silve / Name of Contact Person	n
-		Firm/ Company	
-	1710 Ca	ncelot losp Address	
_	Tampa	City/ State and Zip Cod	
	E-mail address: (to be us	Silver @ greed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Davan	Silver	at (813	1475-0418
	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	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)
	ng Address Idment Section		Address Iment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassec, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

FILED

	of	rileu
Das Cabi	Corporation as currently filed with the Florida Dep	e of Secretaria DEC 20 ED 3. F
T) 17	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
71/6	(Document Number of Corporation (if known)	TALLABASS F. F. F. 1986
Pursuant to the provisions of section 607.100 ts Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Corporation</i> ac	W. Hart W. Forder F. Comp.
If amending name, enter the new name	of the corporation:	
	n the word "corporation," "company," or "incorpor on "Corp," "Inc," or "Co". A professional corpor n," or the abbreviation "P.A."	
3. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) D. If amending the registered agent and/onew registered agent and/or the new registered agent.	or registered office address in Florida, enter the nar	ne of the
new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent		
_	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as registered	nging Registered Agent: d agent. I am familiar with and accept the obligation	s 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	PT Johr	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	7	Davon SSilver	1710 Laxelot
X Add			Josp. Tampa
Remove			Fl. 33619
2) Change			
Add			
Remove			
3) Change			
Add			-
Remove			
1) Change		7-17-1-1	
Add			
Remove			
Change			
Add			
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Remove			

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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file 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 12 18 17	
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)	
(Title of person signing)	