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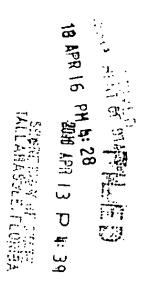
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	NAUSA	4 Musa	ENTERPRISES, INC.
DOCUMENT NUMBER	ν α	0000 3335	
The enclosed Articles of A	Amendment and fee are sub	omitted for filing.	
Please return all correspoi	ndence concerning this matt	ter to the following:	
	JAMALI	SHIELD Name of Contact Person	5
	200 Miami	S. Biscay Address Address City/ State and Zip Code ansamusa (art- ded for future annual report	re, Bluil #2790 3131
	admin@mo	City/ State and Zip Code	(O -
For further information c	E-mail address: (to be us oncerning this matter, pleas	·	normeation)
JAMALL	SHIELDS	at (866	406-0561 de & Daytime Telephone Number
	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Dep	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)
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amen Divisi Cliftor	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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MANSA MUSA	ENTER PRISES, INC.
	filed with the Florida Dept. of State)
Possument Number of	O 33 3 5 Corporation (if known)
,	•
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	200 S- Biscayne Buy! # 2790 Mianni Fl. 33131
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	200 S. Biscagne Bluel- #2790 Miami, Fl. 33/31
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida str	eet address)
[7 III] IIII III	(Crawwan)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to Signature of New F	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.

X Change	<u>PT</u> <u>John I</u>)oc	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PRES	SHANILDE MATO	5352 Highway Ave.
Add			Jacksonville Fl.
			32257
2) X_ Change	PRES	JAMALL SHIELDS	5352 Highway Are
Add			Jacksonville, Ff.
Remove	45	C. MAN INC.	3/234
3) Change	VP	SAMANTHA DOMALDSON	1268 Nalgeward Jacksonville Fl. 32244
Add			JANKSONNIL, TI.32297
Remove			
4) Change	VP	ISAAC MARSHALL	5323 Brook forest Dr.
Add			Jacksonville, Fh.
Remove			22209
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cles, enter change(s) her (Be specific)			
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	hange, reclassification, o	r cancellation of issu	ied shares,	
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an amendment provides for an exc rovisions for implementing the am (if not applicable, indicate N/A)	endment if not contained	in the amendment		

The date of each amendment(s) adoption: // APRIL 2018, if other than the date this document was signed.
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 not be listed as the document's effective date on the Department of State's records.
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 16 April 2018
Signature (By a director, president or other officer – if directors or officers have not been
(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)
1
(Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)