P1800007331

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T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BUTA DISTRIBUT	FORS INC.		
DOCUMENT NUMBER: P18000007331			
The enclosed Articles of Amendment and fee are sub-	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Fabrizio Di Rienzo			
 	Name of Contact Person	l	
BUTA DISTRIBUTORS INC			
	Firm/ Company		
130 NW 20th Street. Ste #4			
·	Address		
Boca Raton, FL. 33432			
	City/ State and Zip Code		
fab.dirienzo@gmail.com			
•	ed for future annual report	notification)	
E-man address. (to be us	ed for future annual report	mounication)	
For further information concerning this matter, please	e call:		
Fabrizio Di Rienzo	617 at (548 8919	
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:	
\$35 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	Street	<u>Address</u>	
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	FILED	
2110	FEB -5 D	

BUTA DISTRIBUTORS INC. (Name of Corporation as currently filed with the Florida Dept, of State P18000007331 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Fabrizio Di Rienzo	11 Plaza Real South
X Add			unit 516
Remove			Boca Raton , FL 33432
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<u> </u>		
Remove			

tach <i>additional sh</i>	ing additional Articl eets, if necessary).	(Be specific)	_			
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rovisions for imp	rovides for an excha dementing the amend ble, indicate N/A)	nge, reclassific dment if not co	ration, or cancel ontained in the a	lation of issued mendment itself	shares,	
······································			··-			
				, - · · · · · · · · · · · · · · · · · ·		
						
						-

The date of each amendment(s) adoption:	, 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 dat document's effective date on the Department of State's records.	te will 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"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.	г
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
02/01/2018	
Dated	
4/1//	
Signature // 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)	ţ
appointed inductary by that inductary)	
Fabrizio Di Rienzo	
(Typed or printed name of person signing)	
President	
(Title of person signing)	