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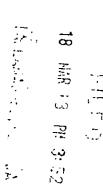
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PICK-UP	☐ WAIT	Mail Mail
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: FUNVILLE INC. DOCUMENT NUMBER: <u>P18000</u>013412 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Unristopher TS er guer Name of Contact Person Firm/ Company 8131 NW 13 Street

Address

Pembrone Pines, FL 33024 City/ State and Zip Code one shothydrodip@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christopher Baquer at (786) 302-4521

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to

Articles of Incorporation of

Funville Inc			
P18 OOD (Name of Corporation as currently f	iled with the Florida Dept. of State)		
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Statutes</i> , the second this statutes and the second this statutes are the second this statutes are the second thin the s	orida Profit Corporation adopts the fo	llowing an	nendment(s) t
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 "Coword "chartered." "professional association," or the abbreviation "P.	". A professional corporation name	The abbre must cont	e new eviation tain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Fort Lauderda	Je ji	FL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	#335	th 5	
D. If amending the registered agent and/or registered office address: New of New Province of the new registered office address:	Miami Lakes, FL	·.	<u>)</u> 第 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Name of New Registered Agent			င့်
(Florida stree	t address)) » ¹	(4
New Registered Office Address:	Florida		
	Ί(γ)	(Zip Cod	le)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the po	sition.	

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	<u>s</u>	
X Add	<u>sv</u>	Sally Smith	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	lame	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change			· · · · · · · · · · · · · · · · · · ·	
Add			•	
Remove				
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4) Change	······			
Add				
Remove				
5) Change				
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Remove				
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6) Change				
Add				
Remove				

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f an amendment provides for :	an arabanga raglacsif	ication or concellati	on of icened shares	
provisions for implementing t	he amendment if not	contained in the ame	ndment itself:	
tifust applicable indicate	N/A)	CONTRACTOR OF THE PARTY OF THE		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•
Effective date <u>if applicable</u> :	
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficient	nt for approval
by	<u> </u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without s action was not required.	nareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharel action was not required.	nolder action and shareholder
Dated 3/8/2018 Signature	
Signature	
(By a director, president or other officer – if di	ectors or officers have not been
selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
_ CHRISTOPLER]	Shelver
(Typed or printed name of p	erson signing)
President	
(Title of person	signing)