P18000021045

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: RObbins	
DOCUMENT NUMBER: P18000021	045
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Chandle- Ro	Name of Contact Person Nuss Group Inc. Firm/ Company
Kobbins Bus.	Firm/ Company
	- Cutoff STIE 18
	City/ State and Zip Code
Chandle-e Robb E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ise call:
Chandle- Rossins Name of Contact Person	at (850) 240 - 540 2 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
\$35 Filing Fee \$Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Robbins BUSINESS Group In	as currently filed with the Floric	la Dept. of State)
P1800021045		
(Documer	t Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	ratutes, this <i>Florida Profit Corpord</i>	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	orațion:	
NIA	<u> </u>	The new
name must be distinguishable and contain the word "corp." Inc.," or Co.," or the designation "Corp." "Inc.," or chartered," "professional association," or the abbrevio	r "Co". A professional corpor	orated" or the abbreviation "Corp.," ation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	N/A	
C. Farmer well-radden if applicable		\$ contract
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
		رئ
		——————————————————————————————————————
D. If amending the registered agent and/or registered		the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent N/A		
	(Florida street address)	
New Registered Office Address: N/A	(2).	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:	
Thereby accept the appointment as registered agent. To	m familiar with and accept the obt	ligations of the position.
Signatu	re of New Registered Agent, if cha	nging
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 60	7.0120 (11) (e), F.S.	

ach additional sheets	if necessary). (Be specific)			/
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in amendment provi	des for an exchange, reclassifi	ication, or cancellatio	on of issued shares,	
ovisions for implem	enting the amendment if <u>not c</u>	contained in the amer	ndment itself:	
(if not applicable, i	ndicate N/A)			
			<i>/</i>	
		_		

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>	Address
1) Change	P	Mike Russo	600 university Office Bird.
Add Remove 2)Change Add	Ρ	Chundle- C. Robbins	STE 15 c Pan Sonaly, Ft 32514 4704 Lanting Lane Distin, Fl 32541
Remove 3) Remove Add			
Remove 4) Change Add			
Remove 5) Change Add	_		
Remove 6) Change			
Add			

	omendment(s) adoption:, if other the
late this document	was signed.
Effective date <u>if a</u>	pplicable:
	(no more than 90 days after amendment file date)
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed we date on the Department of State's records.
Adoption of Ame	ndment(s) (CHECK ONE)
The amendmen action was not a	t(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder required.
	t(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) ders was/were sufficient for approval.
	t(s) was/were approved by the shareholders through voting groups. The following statement stely provided for each voting group entitled to vote separately on the amendment(s):
"The nun	ber of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
	Dated 09/2020
	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)
	President
	(Title of person signing)