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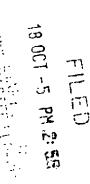
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: TRIO	Lounge Inc 002559		
DOCUMENT NUMBER	R: <u>71800</u>	002559		
The enclosed Articles of .	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
	_	Name of Contact Person	1	
	TRIO Lounge INC. Firm Company			
		Firm Company		
	8725 0	LD Kings Ru	Ad South. 32217	
		Address	.	
	- Jack Sonv	ille. Fl	322/7	
		City/ State and Zip Code	e	
	E-mail address: (to be us	hov. Confr sed for future annual report	notification)	
For further information co	oncerning this matter, pleas	se call:		
LAZER	Pepa j	aı (<u>904</u>	de & Daytime Telephone Number	
Name of 0	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	ne following amount made	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 renclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	g Address		Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

-	of	poration		
TRIO LOU	age INC			
		filed with the Florida Dept. of State)		
P180000 2		<u>-</u>		
	(Document Number of	Corporation (if known)		-
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this F	Florida Profit Corporation adopts the fo	llowing amendm	ent(s) to
A. If amending name, enter the new name	of the corporation:			
			The nev	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association.	n "Corp," "Inc," or "C	Co". A professional corporation name		
B. Enter new principal office address, if a	onlicable:	8725 OLD Kings	Road Sout	%
(Principal office address MUST BE A STRE		5125 OLD Kings JACKSONVIlle FL	322/7	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		8725 OLD Kings JACKSONVILLE FL	Rond Sc 32-217	outh.
D. If amending the registered agent and/or new registered agent and/or the new re		ess in Florida, enter the name of the	19 OCT -5	<u>=</u>
Name of New Registered Agent			- 1 ₽	
	(Florida stre	et address)		
New Registered Office Address:		, Florida	(Zip Code)	
	ť	City)	(zip Code)	
New Registered Agent's Signature, if change the appointment as registered.		ith and accept the obligations of the no	eition	
тыську ассерстве арропитет из гезімегей	e ageru i am jamiliar w	ин ала ассерь не отданть ој те ро.	, i (<i>) ()</i> .	
	Signature of New Re	egistered 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	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	<u> P</u>	LAZER RPAJ	5537 ALEXIS FOREST LANC
Add		25000	JACKSINVILLE FL 32258.
2) Change	7	GJERGS! GJOVAL:N	3725 OLD King South JACKSONVIlle Fl 32217
Add Remove			JACKSanuille HC 32217
3) Change			
Add			
4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
4 	
12-11-11-11-11-11-11-11-11-11-11-11-11-1	
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	hanne and a sign at a second basine of insued above
f	
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) ad	option: 10/02/ 20/8	, if other than the
date this document was signed.	,	
Effective date if applicable:	/0/ 02 / 2018 (no more than 90 days after amendment file date)	
***************************************	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements nartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the americant for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sh	areholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareh	older
Dated	10/02/2018	
Signature	<u> </u>	
	rector, president or other officer - if directors or officers have n	
	 I, by an incorporator – if in the hands of a receiver, trustee, or ore ed fiduciary by that fiduciary) 	ther court
	LAZER PEPAJ.	
•	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	