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Amend

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COVER LETTER

TO: Amendment Section Spivision of Corporations	.)
NAME OF CORPORATION:	Bon Inc.
DOCUMENT NUMBER:	1860002019
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
	JName of Contact Person Firm/ Company NW 47 H St Mami, FL Address I CM FL 33127 City/ State and Zip Code Seed for future annual report notification)
For further information concerning this matter, pleas	•
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:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amounts Articles of Incorporation: A. If amending name, enter the new name of the corporation: N N	new iation
A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreve "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain 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)	new iation
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreve "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain vord "chartered," "professional association," or the abbreviation "P,A," B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	iation
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(Principal office address MUST BE A STREET ADDRESS)	,,, ,,,,
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
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 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 N	
(Florida street address)	
New Registered Office Address: City Florida (Zip Code)	

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 <math>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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	1	José Carrales	277 NW 47th St
Add			Miami, FL 33127
Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			·
Remove			
4) Change		-	
Add			
Remove			· ·
5) Change		_	
Add			
Remove			
6) Change			
Add			
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	or adding additional Artional Sheets, if necessary).	(Be specific)			
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t an ameno provisions	ment provides for an exc for implementing the am-	hange, reclassifica endment if not cou	<u>ition, or cancellati</u> itained in the ame	on of issued shares, ndment itself:	
(if not	applicable, indicate N/A) =				
	MA				
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	-				

The date of each amendment(s) adoption: 10 10 to date this document was signed.	, if other than the
Effective date if applicable: October 3137 2019 (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 document's effective date on the Department of State's records.	I 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 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	
☐ 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 OCHOber 31 2019 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)	
(Title of person signing)	