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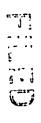
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _ DashBar Inc. DOCUMENT NUMBER: P18000029484 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ruben Oliva Name of Contact Person Rojas & Oliva P.A. Firm/ Company 15800 Pines Blvd Suite 206 Address Pembroke Pines, FL 33027 City/ State and Zip Code carla@rojasoliva.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 373-6868

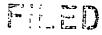
Area Code & Daytime Telephone Number Carla Oliva Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

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DashBar Inc. (Name of Corporation as currently filed with the Florida Dept. of State) | Aff 10: 21 P18000029484 (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: 15800 Pines Blvd Suite 206 (Mailing address MAY BE A POST OFFICE BOX) Pembroke Pines, Fl. 33027 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: 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Sr	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	LISMAR MORATO	11900 PICCADILLY PLACE
Add Remove				DAVIE. FL 33325
2)Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				-
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u>.</u>
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у пог аррисате, тассае къл)	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 standard document's effective date on the Department of State's records.	autory 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 by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
MARCH 8, 2019	
Dated	
(By a director, president or other officer - if	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
CARLA M. OLIVA	
(Typed or printed name of	person signing)
PRESIDENT/CEO	

(Title of person signing)