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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TALA SWEETS	CORP	
DOCUMENT NUM	BER: P18000031400		·
The enclosed A <i>rticle</i> :	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	ABRAHAM ZIADEH		
		Name of Contact Perso	n
	ABRAHAM ZIADEH CPA	PA	
		Firm/ Company	
	9000 SHERIDAN STREET	117	
		Address	
	PEMBROKE PINES, FL 33	024	
		City/ State and Zip Cod	e
abra	ham@ziadehcpa.com		J
	•	sed for future annual report	
For further information	on concerning this matter, pleas	se call:	
ABRAHAM ZIADE	If	954 at (651-1410
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the 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 enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address	Street	Address
	endment Section		lment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			on of Corporations
			Building Secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE COMPUTE COOR	it .			
'ALA SWEETS CORP,				
(<u>Name of Corporation as current</u> 18000031400	tly filed with the Florida Dept. of State)			
	66.			
(Document Number of	of Corporation (if known)			
irsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts the fo	ollowing a	mendr	nent(:
If amending name, enter the new name of the corporation:				
me must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or or dischartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abb	reviati	
Enter new principal office address, if applicable:	5361 N DIXIE HIGHWAY			
Principal office address <u>MUST BE A STREET ADDRESS</u>)	POMPANO BEACH, FL 33064			
				<u>-</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5361 N DIXIE HIGHWAY			
	POMPANO BEACH, FL 33064	** , *	Ω	-
			- P	
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:		144 ms 134 135 137		717
Name of New Registered Agent			ानुक ८७	
		-:	1	
A lorida si	treet address)			
New Registered Office Address:	, Florida			_
	(City)	- (Zip Coc	le)	

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)

Example:

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.

X Change	<u>PT</u> <u>Joh</u>	<u>hn Doe</u>		
X Remove	<u>V</u> <u>Mij</u>	ike Jones		
X Add	<u>SV</u> <u>Sal</u>	lly Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change				 _
Add		•		
Remove				
2) Change				
Add				-
Remove			-	
3) Change				<u>_</u>
Add				
Remove			-	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				 .
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, (f necessary).	(Be specific)
	
<u> </u>	
Can amendmen argolff (Caronical)	10000 - place (fig.) (fig.) Are pared [10000 a Clement above as
provisions for implementing the ame	ingencelassification, or cancellation of issued shares, admentifinotecontained in the amendment itself:
(if not applicable, vidicate N/A)	
	<u> </u>

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	0/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s flicient for approval.	s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
action was not required. The amendment(s) was/were ado	pted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	er
action was not required.		
Dated	110/2018	
Signature	449	
(By a di selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other coursed fiduciary by that fiduciary)	t
	DUHA OTHMAN	
•	(Typed or printed name of person signing)	-
	PRESIDENT	
,	(Title of person signing)	