Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
        Division of Corporations
        Fax Number      : (850)617-6380

From:
        Account Name    : ELO ENTERPRISES, INC
        Account Number  : I20150000109
        Phone           : (561)544-8862
        Fax Number      : (954)697-0130
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
SAFE1, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$35.00

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Articles of Amendment
to
Articles of Incorporation
of

SAFE1, INC
_____
(Name of Corporation as currently filed with the Florida Dept. of State)

P18000036614
_____
(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:

N/A
_____ *The new*

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: 8434 NW 70TH STREET
(Principal office address MUST BE A STREET ADDRESS)   _____

                                                                   DORAL - FLORIDA - 33166
                                                                   _____

C. Enter new mailing address, if applicable: 8434 NW 70TH STREET
(Mailing address MAY BE A POST OFFICE BOX)   _____

                                                                   DORAL - FLORIDA - 33166
                                                                   _____

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   ELO ENTERPRISES, INC
                                   _____

                                   4700 NW BOCA RATON BLVD, SUITE 202
                                   _____
                                   (Florida street address)

New Registered Office Address: BOCA RATON   , Florida 33431
                                   _____   _____
                                   (City)   *(Zip Code)*

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change / ___ Add / ___ Remove	P	FRANCISCO S. PEREIRA JR	8434 NW 70TH STREET DORAL - FLORIDA - 33166
2) ___ Change / ___ Add / ___ Remove			
3) ___ Change / ___ Add / ___ Remove			
4) ___ Change / ___ Add / ___ Remove			
5) ___ Change / ___ Add / ___ Remove			
6) ___ Change / ___ Add / ___ Remove			

E. **If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary*)   *(Be specific)*

N/A

F. **If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**
(*if not applicable, indicate N/A*)

N/A

The date of each amendment(s) adoption: _____ , if other than the
date this document was signed.

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 statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

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 _____   _____ "

(voting group)

☐ 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   SEPTEMBER 17, 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)

FRANCISCO SARAIVA PEREIRA JUNIOR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)