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SECRETARY OF STATE

DEC 1 2 2018

C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations					1
NAME OF CORPORATION: CAPA DOCUMENT NUMBER: P/800	TAL NO	W, INC.		2	·
The enclosed Articles of Amendment and fee are su	bmitted for filing.			2018	
Please return all correspondence concerning this ma CAPTT 3625 TD91884	Name of Contact Person Firm Company Address City/ State and Zip Code Address Address	INC Cond Blow 333/2 GMailice	2M	LAMPSSEE. FLORID.	FC-6 PH 3: 40
For further information concerning this matter, please RICHAIR () GREENE Name of Contact Person	se call: at (954	undffication) 257-20 Ode & Daytime Telephone N	614 Jumber	t de	عد دا مدونوه <u>تا تونی</u>
Enclosed is the following amount made	payable to the Florida Dep	artment of State:			
\$35 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)			and the second s
Mailing Address Amendment Section Division of Corporations	Amend Divisio	Address dment Section on of Corporations		·	es val

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

articles of Incorpo	ration	
	1411011	
of		_

(Name of Corporation (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: 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) merican D. a 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: Florida (Cny) 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. bf New Registered Agent, if changing

Page 1 of 4

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 19 John Doe <u>v</u> Mike Jones X Remove X Add <u> ŞV</u> Sally Smith <u>Addres</u>s Title Type of Action <u>Name</u> (Check One) Oscar Francis , Broward Blud 1) ____ Change _ Add __ Change ___ Remove 3) ____ Change ____ Add ___ Remove 4) ____ Change ___ Add __ Remove 5) ____ Change ____ Add __ Remove

Page 2 of 4

6) ____ Change___ Add

___ Remove

If amending or adding additional Articles, enter change(s) here:	The second secon
(Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification, or cancellatio	n of issued shares,
provisions for implementing the amendment if not contained in the amen (if not applicable, indicate N/A)	dment itself:
(if not applicable, indicate N/A)	
11/9	
	
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The date of each amendment(s) date this document was signed.	adoption:		other than the
Effective date if applicable:	(no more than 90 days after a	mendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory		be listed as the
Adoption of Amendment(s)	(CHECK ONE)	الموسد السائد المدينة الحرار من المراجع الم	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of vo- sufficient for approval.	otes cast for the amendment(s)	
	pproved by the shareholders through voting gr for each voting group entitled to vote separatel		The second secon
"The number of votes co	st for the amendment(s) was/were sufficient fo	or approval	
by	(voting group)	A Company of the Comp	
	dopted by the board of directors without share	cholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without sharehold	ler action and shareholder	·
	20ember 3, 2018	- Will	
(By a selection of the	director, president or other officer – if directorted, by an incorporator – if in the hands of a reinted fiduciary by that fiduciary)		· · · · · · · · · · · · · · · · · · ·
	OSCUP Frag (Typed or printed name of perso	(1) C/S	
	President		
14.,	(Title of person sign	ing)	

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