P18000046725

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SECRETARY OF STATE OF STATE OF CORPUSATION OF CORPU

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Skeppy, Inc. DOCUMENT NUMBER: P18000046725 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James J. Pulkowski, CPA Name of Contact Person James J. Pulkowski, CPA, PA Firm/ Company 1219 Millennium Parkway, Suite 120 Address Brandon, FL 33511 City/ State and Zip Code james@jamespepa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James J. Pulkowski, CPA 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 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

Skeppy, Inc.			
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)	
P18000046725			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment	
A. If amending name, enter the new na	ume of the corporation:		
		The nev	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or '	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address,	if applicable:	19046 Bruce B Down Blvd., Suite 423	
(Principal office address <u>MUST BE A S</u>		Tampa, FL 33647	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19046 Brice B Down Blvd., Suite 423	
		Tampa, FL 33647	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	Jenny Ahmed		
Tank of the Taganeres Tigens	10259 Estuary Dr.		
New Registered Office Address:		reet address)	
	Tampa	Florida 33647	
		(City) (Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		: with and accept the obligations of the position.	
	(Dall)	ma el	
	Signatur 61 New F	Registered Agent, if changing	
	Signature New F	tegisteter agent, if entirging	

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Zakir Ahmed	10259 Estuary Dr.
Add			Tampa, FL 33647
X Remove			
2) Change	P	Jenny Ahmed	10259 Estuary Dr.
X Add			Tampa, FL 33647
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Ar Attach additional sheets, if necessary)	. (Be specific)	_		
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				_
	-	,		
				
		·		
f an amendment provides for an exp provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification endment if not contain	n, or cancellation of i ned in the amendmer	ssued shares, nt itself:	
				
				_
				· · ·

	May 30, 2018	
The date of each amendment(s) adopt date this document was signed.	ion:	_, 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 document's effective date on the Depart	c does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
May 30, 2018		
Dated	Minus	
Signature(By a direct	for, 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 f	iduciary by that fiduciary)	
Jei	nny Ahmed	
	(Typed or printed name of person signing)	
Pro	esident	
	(Title of person signing)	