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C. GOLDEN AUG 2 8 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JALARYA CORP					
DOCUMENT NUMB						
The enclosed <i>Articles o</i>	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
	HARRY PATEL					
-	Name of Contact Person					
-		Firm/ Company				
	1295 LOBLOLLY DR					
-	Address					
	MANNING, SC 29102					
_		City/ State and Zip Cod	C .			
ARYA	CORP9240@GMAIL.COM	I				
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
HARRY PATEL		989 at (1 265-1201 284-5071			
Name o	f Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 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)			
Mailing Address Amendment Section		Street Address Amendment Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		Cliffon Building 2661 Executive Center Circle				

Tallahassee, Fl. 32301

Articles of Amendment Articles of Incorporation of

JALARYA CORP

FILED

2018 AUG 27 PM 2: 17 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF ST P18000051712 TALLAHAS (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 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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) N/A New Registered Office Address: (Cuy)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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	HARRY PATEL	1295 LOBLOLLY DR
X Add			MANNING, SC 29102
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
(i) 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,
<u>provisions for implementing the amendment if not contained in the amendment itself:</u> (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 document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amenda sufficient for approval.	nent(s)
	pproved by the shareholders through voting groups. The following stor each voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
hy	···	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and share	holder
■ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehold	er
	F 23, 2018	
Signature	S. H. Pocket	
(By a selec	director, president or other officer - if directors or officers have not ted, by an incorporator - if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	
	SHALINI PATEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	