P18000052101

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON: Bottle Service Onl	ly, INC			
DOCUMENT NUMBER					
The enclosed Articles of A	mendment and fee are su	ibmitted for filing.			
Please return all correspon	dence concerning this ma	tter to the following:			
Jaco	ob Kevelson				
		Name of Contact Person	n		
Bot	Bottle Service Only, INC				
		Firm/ Company			
275	0 N 29th Ave Ste 126				
	-	Address			
Hol	lywood, FL 33020				
		City/ State and Zip Cod	e ·		
jav@eag	deinsulation.net				
		sed for future annual report	notification)		
		·	,		
For further information cor	ncerning this matter, pleas	se call:			
Jacob Kevelson		646 at (372-8296		
Name of Co	ontact Person		de & Daytime Telephone Number		
mana di ang at	2.11		•		
Enclosed is a check for the	following amount made p	payable to the Florida Depa	irtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment

to

Bottle Service Only, INC

Articles of Incorporation

of

2020 JT . - 7 PN 1:48

(Name)	of Corporation as current	y filed with the Florida Dept. of State)
P18000052107		1 · · · ·
	(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(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp." "Inc." or "	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the T.A."
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl		N/A
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX	
D. If amending the registered agent an		
new registered agent and/or the new		<u>::</u>
Name of New Registered Agent	Jacob Kevelson	
	2750 N 29th Ave Ste 126	
		veet address)
New Registered Office Address:	Hollywood	, Florida 33020
		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	<u>i</u>
I hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligations of the position.
	i 0 m	
	State	
	Signature of New I	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 Do	<u>e</u>	
X Remove	\underline{V}	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	þ		Harry Catton	2750 N 29th Ave Ste 126
Add		_		Hollywood, Florida 33020
X Remove				
2) X Change	P	_	Jacob Kevelson	2750 N 29th Ave Ste 126
Add				Hollywood, Florida 33020
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
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

	01/06/20		
The date of each amendment(s)	adoption:	<u> </u>	, if other than the
date this document was signed.	1/07/20		
Effective date <u>if applicable</u> :	1/06/20		
	(no more than 90 days)	after amendment file date)	
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable st. Department of State's records.	catutory filing requirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were : by the shareholders was/were	dopted by the shareholders. The numbe sufficient for approval.	er of votes east for the amendment(s)	
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voor each voting group entitled to vote sep	oting groups. The following statement varately on the amendment(s):	
"The number of votes ea	st for the amendment(s) was/were suffic	tient for approval	
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without	t shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without share	reholder action and shareholder	
01/06/20			
Dated Signature	1 Carro		
(By a sele ¢	director, president or other officer – if o ed, by in incorporator – if in the hands nted fiduciary by that fiduciary)	directors or officers have not been of a receiver, trustee, or other court	_
	Jacob Kevelson		
	(Typed or printed name of	person signing)	
	President		
	(Title of perso	n signing)	