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		MAIL
(B	usiness Entity Name)	
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COVER LETTER

TO: Amendment Section

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Division of Corporations

NAME OF CORPORATION: ______

DOCUMENT NUMBER: P18000059710

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roy Oppenheim

Name of Contact Person

Oppenheim Law

Firm/ Company

2500 Weston Road, Suite 404

Address

Weston, FL 33326

City/ State and Zip Code

roy@oplaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Paola Canola
 at (
 954
 384-6114

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Name of Corporation as currently filed with the Florida Dept. of State) Levi Y U. STA P18000059710 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendm 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	(Name of Corporation as currently filed with the Florida Dept. of Nate Processing Set (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		Articles of Ame to Articles of Incor of		FILED 2018 DEC - 3 AM 10: 22
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Waston 33331	(C_{III}) (Z_{III}) (Z_{III})	<u>New Registered Office Address</u> :			Piorida (Zip Code)
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(Florida street address)	it line (Zin Coda)	<u>New Registered Office Address</u> :			Florida
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<u>New Registered Office Address</u> : Weston	No. 19. Sec. A. A. M. C. A. M.			h and accept the oblig	rations of the position.
<u>New Registered Office Address:</u> Weston, Florida, Florida,				Vice	President
<u>New Registered Office Address</u> : Weston	Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		Signature of New Reg	istered Agent, if chang	

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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)

Example:

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 PT John Doe X Remove V Mike Jones Sally Smith <u> X</u> Add <u>SV</u> Type of Action Title Address <u>Name</u> (Check One) Р Cowart. Christopher 3100 NW 2nd Ave 1) ____ Change Suite 117 Add Boca Raton, FL 33431 Х Remove CEO/P Castellano, John 3100 NW 2nd Ave 2) $\frac{N}{2}$ Change Suite 117 ____ Add Boca Raton, FL 33431 Remove Castellano, John 3100 NW 2nd Ave D 3) ____ Change Х Suite 117 Add 3100 NW 2nd Ave ____ 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

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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

	October 1st, 2018 doption:, if other than the
date this document was signed.	
	ober 1st, 2018
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this l document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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)
	(initial group)
	opted by the board of directors without shareholder action and shareholder
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 The amendment(s) was/were addressed action was not required. The amendment(s) was/were addressed action was not required. November Dated	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder

(Typed or printed name of person signing)

CEO / President

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(Title of person signing)