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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: SARMAITYTE at 786, 597-6797 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 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles	of	Inco	rpora	tio

BEN & DANNY 'N	10		
(Name of Corporation as currently fi	led with the Florida Dept. of Si	ate)	<u> </u>
(Document Number of Co	_ <u>-</u>		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts t	he following ame	ndment(s) to
A. If amending name, enter the new name of the corporation:	nla	The	
name must be distinguishable and contain the word "corporation," "com" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p. "chartered," "professional association," or the abbreviation "P.A."	pany, "or "incorporated" or the rofessional corporation name n	abbreviation "Co	new orp.," word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/a_	20	
		2020 OCT 1	77
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n 16	6 PH 12:	
		51	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of t	<u>he</u>	
Name of New Registered Agent	na		
(Florida street	address)		
New Registered Office Address: (Cit	, Flori	da	
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	e position.	
Signature of New Regi:	stered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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 Doe		
•				
X Remove	\underline{V}	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	V	RENATI	A SARHAITYTE	1340 STILL WATER
Add			,	
Remove			_	33/4/ 5
2) Change		<u> </u>		i i i i i i i i i i i i i i i i i i i
Add			-	
Remove 3) Change				<u> </u>
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)			
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50% DORON DOAR			
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100/			
10/0 RENATA SARHATTYTO	7		
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		2020 OCT	
		9	EMPT NO.
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		9 :	(—
provisions for implementing the amendment if not contained in the amendment itself:	:		1
(if not applicable, indicate N/A)		PH	
	, ,		
	7.27	<u></u>	
	*	<u> </u>	
		_	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	1/2020
Effective date if applicable:	12020
(no morelthan S	0 days after amendment file date)
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	ere sufficient for approval
by	
(voting group)	် ကို
Dated 10/01/2020 Signature 200000 Do	
	cer – if directors or officers have not been le hands of a receiver, trustee, or other court)
DOR ON (Typed or printed	pame of person signing)
D	1 constantes
(Title of person si	uning)
(Title of person st	gining)