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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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FILED

SECRETARY OF STATE
TALLAHASSEE, FL

9-27-

COVER LETTER

Division of Corporations NAME OF CORPORATION: Competitive Measures Inc. DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Competitive Measures Inc. 31 Atlantis Rd. QUENES FL. 32778
City/ State and Zin Code most tivemsasures in Comail. com For further information concerning this matter, please call: Glean Allen Sr. at (321) 697-2617

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: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing 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

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of		
Compostitive Measures Inc.		
(Name of Corporation as currently filed with the Florida Dept. of St	<u>(ate</u>)	
P1800069604		
(Document Number of Corporation (if known)		-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the state of Incorporation:	he following amen	ndment(s) to
A. If amending name, enter the new name of the corporation:		
		new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation in word "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		_
· · · · · · · · · · · · · · · · · · ·	. 	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		_
	SECI TA	5
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:	ETARY LAHAS	
Name of New Registered Agent	ŠĆ S	
		ب م
(Florida street address)	<u></u>	л 20
	:	
New Registered Office Address: , Floric (City)	da(Zip Code)	
,,	(isip (sout)	
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 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		·
Remove				
3) Change				
		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add	.	-		
Remove				

	al sheets, if necessar	ry). (Be specific)			
Perce	nt of a	ownersh	IP		
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		exchange, reclassificati			
	implementing the a icable, indicate N/A	amendment if not cont 1)	ained in the ame	ndment itself:	
				 	
			····		-

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 block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated9/14/18	
Signature DUTU	
(By a director, 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 fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President (Title of person signing)	