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SEP 1, 2018

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: 2311 STRATEGIES, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LORETTA FABRICANT Name of Contact Person Firm/ Company 100 SE 2ND STREET, STE 2311 Address MIAMI, FL 33131 City/ State and Zip Code LORETTA@FABCOCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 371-2830
Area Code & Daytime Telephone Number LORETTA FABRICANT Name of Contact Person 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 Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

Articles of Amendment to Articles of Incorporation of



2311 STRATEGIES, INC.

(Name of Corporation	on as currently filed with the	<u>e Florida Dept. of State</u>)	* -
P18000074515			- N
(Docum	ent Number of Corporation (i	f known)	E .
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the following ar	nendment(s)
A. If amending name, enter the new name of the co	rporation:		
		Th	ie new
name must be distinguishable and contain the wors "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co". A profes		
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)		
			
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BQ.</u>	<u> </u>		
		_	
D. If amending the registered agent and/or register	ad office address in Florida	antar the nume of the	
new registered agent and/or the new registered		enter the name of the	
Name of New Registered Agent			
The system regimered riger.		· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)		
March Professor J. Office Addition	·	Dist.	
New Registered Office Address:	(City)	, Florida (Zip Code	
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.		the obligations of the position	
i neveny accept the appointment as registered agent.	сат јатина мин ана ассерс	те отяшть ој те розит.	
Signo	ture of New Registered Agen	t, 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>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	ST		LORETTA FABRICANT	100 SE 2ND STREET
X Add				STE 2311
Remove				MIAMI, FL 33131
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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lf an amandment provider for an arch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numeric if not contained in the amendment risen.
(if not applicant, material)	
	
	

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirement of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
■ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the ame or approval.	ndment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendmen	
"The number of votes east for the ar	mendment(s) was/were sufficient for approval	
by		
((voting group)	
☐ The amendment(s) was/were adopted by t action was not required.	he board of directors without shareholder action and sl	nareholder
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareh	iolder
09/06/2018		
DatedSignature	12 1	
	resident or other officer – if directors or officers have theorporator – if in the hands of a receiver, trustee, or o	
	ary by that fiduciary)	
DANIEL	. FABRICANT	
	(Typed or printed name of person signing)	
PRESID	DENT	
	(Title of person signing)	