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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: MARU KA	REN INC	
DOCUMENT NUMBE	R: P180000758	54	
The enclosed Articles of	Amendment and fee are st	ibmitted for filling.	
Please return all correspo	ondence concerning this ma	atter to the following:	
٨	MARISA CARAE	BALLO	
	MARU KAREN I	Name of Contact Perso	n
2	400 TAFT AVE	Firm- Company NUE	
H	IOLLYWOOD, I	Address FL 33020	
0.15		City State and Zip Cod	
CAR	ABALLOMARU E-mail address: (to be to	69@GMAIL.CO sed for future annual report	
		ned for ractive difficult report	. Horneadon)
For further information c	oncerning this matter, pleas	se call:	2
MARU KAREN		305	834-0151
Name of	Contact Person		ode & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Dep	artment 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)
Amend Divisio P.O. B	g Address ment Section in of Corporations ox 6327 issee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations (Building Executive Center Circle Issee, FL 32301

Articles of Amendment

Articles of Incorporation

of

MARU	KAREN	INC
------	-------	-----

(Name of Corporation as currently filed with the P18000075854	: Florida Dept. of State)
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thats Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A	771
name must be distinguishable and contain the word "corporat "Corp., ""Inc." or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co" A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	idress in Florida, enter the name of the
Name of New Registered Agent N/A	
New Registered Office Address:	Florida 50 CO
Cu New Registered Agent's Signature, if changing Registered Agen Thereby accept the appointment as registered agent. I am familia	at:
Signature of New Registeree	Lagent, 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 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: <u>X</u> Change	<u>PT</u>	John Doc		
X Remove	<u>V</u> .	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Linle	Name	Address	
1) Change	VP	Carlos E. Zalazar	5010 Nw 42nd St.	
X Add		· · · · · · · · · · · · · · · · · · ·	Ft. Laud. Fl 33319	
Remove				
2) Change				
Add				
Remove			<u> </u>	
3) Change				
Add			<u> </u>	
Remove				
4) Change			$\frac{\frac{1}{2}}{2} \frac{\omega}{\omega}$	
Add				
Remove				
5) Change				
Add				
Remove				
5) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, (finecessary).	Alexanter enangels) nere. Alexanecífic)	
N/A		
1 1// \		
		
		
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		17
		
		<u> </u>
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	· . I
Of not applicable, indicate N/A)	idment if not contained in the amendment itself:	:
N/A		
IN/A	-	
-		
		<u>`</u> `
		
	· -	

The date of each amendment(s) adoption: 09/01/2019			
Effective date if applicable:			
(no more than 90 days after amendment file date)			
Adoption of Amendment(s) (<u>CHECK ONE</u>)			
■ The amendment(s) was were adopted by the shareholders. The number of votes east 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			
hy			
☐ 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.			
Dated August 1st 2019	聚 二二	19 AUG	-7
Signature (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)		13 FM 12: 13	
Marisa Caraballo		$\frac{-}{\omega}$	
(Typed or printed name of person signing)			
President College			
(Title of person signing)			