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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPORATION: BLACK C	GHOST ENTERPRISE, IN	C
DOCUMENT NUMBER: P18000076234		<u></u>
The enclosed Articles of Amendment and for	ee are submitted for filing.	
Please return all correspondence concerning	g this matter to the followin	R:
Michael C. Minardi		
	Name of Conta	ct Person
Minardi Law		
	Firm/ Com	pany
5301 N. Habana Ave		Peny
	Addres	es .
Tampa Fl 33614		
·····	City/ State and	Zip Code
Michael@Minardilaw.com	,	
•	(to be used for future annu-	al report notification)
is man didices.	to be used for rature annual	ar report notificationy
For further information concerning this matt	ter, please call:	
Michael C. Minardi	81.7 at (Area Code & Daytime Telephone Number
Name of Contact Person		Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt made payable to the Flor	ida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Certificate of \$\Bigcup \\$43.75 Filing	_	y Certificate of Status
Mailing Address 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 BLACK GHOST ENTERPRISE, INC



(Name of Corporation as currently filed with the Florida Dept. of State)

P18000076234	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "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:	2201 Windermere Rd.
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32311
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2201 Windermere Rd.
	Tallahassee, FL 32311
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	·
	street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	
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 Doe	
X Remove	<u>V</u>	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) X Change	Р	WILLIAMS, EDDIE BOO LEE, JR	P.O. BOX 18109
Add	_		PANAMA CITY BEACH, FL
Remove			32407
2) Change			
Add			
Remove			
3) Change			
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)					
-					
_					
_					
16 a.	a mandanant annuidas fan an archanga malagaiffantian an annahlatian (Cianadahan)				
pro	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:				
	(if not applicable, indicate N/A)				
_					

September 26, 2018 _____, if other than the The date of each amendment(s) adoption: ___ date this document was signed. September 26, 2018 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 will not be listed as the document's effective date on the Department of State's records. 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 ☐ 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.

September 26, 2018

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)

(Typed or printed name of person signing)

Michael C. Minardi Referency in LACT

(Title of person signing)