P18 000084640

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Nu Look Global Ir	ic	. ,	
DOCUMENT NUN	ABER: P18000084640			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all con	respondence concerning this ma	tter to the following:		
	Nicholas Baldassarre			
	<u> </u>	Name of Contact Person	n	
	Nu look Global	In C Firm/ Company		
	7208 W Sand Lake Rd Suite			
		Address		
	Orlando Fl 32819			
		City/ State and Zip Cod	e	
info	o@ocfmanagement.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
Nicholas Baldassarr	e	at (<u>855</u>	728-6691	
Nam	e of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	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

NU LOOK GIODAI INC				
(Name of	Corporation as currently	filed with the Florida Dept. of Sta	te)	
P18000084640				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporation adopts the	e following amendment(s) to	
A. If amending name, enter the new nam	e of the corporation:			
			The new	
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional associatio	ion "Corp," "Inc," or "(Co". A professional corporation na	or the abbreviation	
B. Enter new principal office address, if	annlianhlar	7208 W Sand Lake Rd		
(Principal office address MUST BE A STR		Suite 305		
		Orlando Fl 32819		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2	
			PH 12: 01	
D. If amending the registered agent and/ new registered agent and/or the new r			<u>e</u>	
Name of New Registered Agent	licholas Baldassarre			
	208 W Sand Lake Rd Suit	le 305		
-	(Florida stre	ret address)		
New Registered Office Address:	Prlando	, Florid	32819	
new negistered Office nuaress.	((City)	(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as registered			position.	
	3)-			
/	Signature of New Ro	egistered 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 = Chiej 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>«</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change	Secrata	<u>г</u>	Veronica Beckford	613 N Delmonte CT	
x Add				Kissimmee Fl 34758	
Remove					
2) Change	cfo	_	Marjorie Baldassarre	17 River St	
x Add				B-10	
Remove				Homer NY 13077	
3) Change	*******				
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		-			
Add					
Remove					

Attach add	g or adding additional A litional sheets, if necessar	y). (Be specific)			
			·······		
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f an amer	idment provides for an e	xchange, reclassif	ication, or cancella	tion of issued share:	<u>5.</u>
<u>provision</u> :	s for implementing the a t applicable, indicate N/A	mendment if not o	contained in the an	nendment itself:	_
(ij noi	i applicable, maicale 147A	,			
			<u>-</u>		
					
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The date of each amendment		, if other than th
date this document was signed	 - 08/15/2019	
Effective date if applicable:	08/13/2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, he Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendere sufficient for approval.	dment(s)
• •	re approved by the shareholders through voting groups. The following sed for each voting group entitled to vote separately on the amendment(s	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	reholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	lder
08/15	/2019	
Dated		
·	1/3/2	
Signature/	By a director, president or other officer – if directors or officers have no	t baan
	elected, by an incorporator — if in the hands of a receiver, trustee, or oth	
	ppointed fiduciary by that fiduciary)	
	Nicholas Baldassarre	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	