P1800086/46

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: New Ely Inc.		
DOCUMENT NUMB	()	086146)
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
1	Nicole Wilkinson		
-		Name of Contact Person	1
1	New Ely Inc.		
-		Firm/ Company	
	42 W Plant St.		
-		Address	
	Winter Garden, FL 34787		
-		City/ State and Zip Code	
nikstei	-12004@yahoo.com		
· 	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Nicole Wilkinson		at (at Co	766-5886
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

New Ely Inc.

New Lity Inc.	<u> </u>
(Name of Corporatio	n as currently filed with the Florida Dept. of State) 3: 32
218000086146	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Plantess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent: am familiar with and accept the obligations of the position.
т негелу ассері іне арронитені ах гедімегей адені. Т	am jamaca wan ana accept the obligations of the position.
Signa	ture 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	$\underline{\mathbf{v}}$	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	V	_	Brett Hawkins		5312 Tidewater St.
Add					Leesburg, FL 34748
X Remove					
2) Change	S		Susan Hawkins		5312 Tidewater St
Add					Leesburg, FL 34748
K Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					*******
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)	
-		
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···-		
	-	_
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
	······································	
	<u> </u>	
,		_

The date of each amendment(s) date this document was signed.	adoption:	, if other than t
	lovember 29, 2018	
Effective date <u>if applicable</u> :	(no more than S	00 days after amendment file date)
Note: If the date inserted in thi document's effective date on the		cable statutory filing requirements, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were		e number of votes cast for the amendment(s)
		ough voting groups. The following statement vote separately on the amendment(s):
	ast for the amendment(s) was/we	• •
by	(voting group)	<u> </u>
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors	s without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators with	hout shareholder action and shareholder
11/29/20 Dated	018	
	·	
Signature	///	,
sele		cer – if directors or officers have not been the hands of a receiver, trustee, or other court)
	Nicole Wilkinson	
	(Typed or printed	name of person signing)
	Treasurer	•
	(Title	of person signing)