## P18000098250

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## **COVER LETTER**

•		<b>COVER LETTER</b>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION:	ORPORATION		
DOCUMENT NUM				
The enclosed Articles	s of Amendment and fee are s			a de la companya de l
Please return all corre	espondence concerning this ma	atter to the following:		
	JUAN C MARTINEZ			
	,	Name of Contact Perso	on .	-
	ACHIEVE C G			
		Firm/ Company	<u> </u>	-
	9907 THREE LAKES CIRC	LE.		
		Address	<del></del>	-
	BOCA RATON, FL 33428			
	, ,	City/ State and Zip Coc	le	<u>.</u>
OPE	RATIONS@ACHIEVEGEA.	COM		
	E-mail address: (to be u	sed for future annual report	notification)	
		•	,	
For further informatio	n concerning this matter, pleas	se call:		
JUAN C MARTINEZ	2	561 at (	303 9539	
Name of Contact Person		······································	de & Daytime Telephone Number	
Enclosed is a check fo	or 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address	Street	Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building				
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FAIRBOOK24 CORPORATION

(Name of Cor	rporation as currently filed with the Florida Dept. of State)	<del></del>
P18000098250	,	
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following	lowing amendi
A. If amending name, enter the new name of	f the corporation:	
		The ne
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	he word "corporation," "company," or "incorporated" or t "Corp," "Inc," or "Co". A professional corporation name t or the abbreviation "P.A."	he abbreviatio nust contain ti
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFI</u> )		
). If amending the registered agent and/or r new registered agent and/or the new regi	registered office address in Florida, enter the name of the stered office address:	
Name of New Registered Agent		<del></del>
	(Florida street address)	<del></del>
New Registered Office Address:	Florida	
		(Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered a	ng Registered Agent: gent. I am familiar with and accept the obligations of the posit	ion.
	Signature of New Registered Agent if changing	<del></del>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an address of each Officer and/or Director being added:

(Muach 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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: $\underline{X}$ Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		<u>.</u>		
Add				
Remove				
4) Change		_		
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				
5) Change				
Add		-		
Remove				
6) Change		-		
Add				
Remove				

2. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
-		_ <del>.</del>
		_
		<u> </u>
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	idment if not contained in the amendment itself:	
	DELT POWER LOCAL MONOR OF AN ARM AND ALL THE	
TROCOCING THIS AMENDMENT TO	REFLECT THE ISSUANCE OF 10,000,000 SHARES	
LA PAR VALUE OF \$1.00		<u>,                                     </u>
		<del></del>
		_

October 4, 2019.	
The date of each amendment(s) adoption: date this document was signed.	, if other than t
Effective date if applicable:	
(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The f must be separately provided for each voting group entitled to vote separately on the am	following statement endment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	l shareholder
OCTOBER 07, 2019 Dated	
Signature	
(By a difference of the president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste	s have not been
appointed fiduciary by that fiduciary)	ee, or other coun
Harun Nuri	
(Typed of printed name of person signing)	
residont	
(Title of person signing)	