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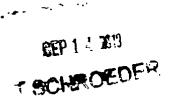
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ORUS ENTERPI	RISES INC				
DOCUMENT NUMBE	P18000100930					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
H	IUMBERTO GONZALEZ					
_		Name of Contact Persor	1			
R	RAPID INCOME TAX COR	3 P				
_		Firm/ Company	<u> </u>			
1	11300 NW 87 CT UNIT 150					
		Address				
H	IIALEAH GARDENS, FL	33018				
		City/ State and Zip Code	U.			
LLCTA	Х@ҮАНОО.СОМ					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information of	concerning this matter, pleas	se call:				
HUMBERTO GONZALEZ		786290864	19,			
Name of	Contact Person		de & Daytime Telephone Number			
Enclosed is a check for t	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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section in of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

10

ORUS ENTERPRISES INC	
	filed with the Florida Dept. of State)
P18000100930	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
FAST & FURIOUS CAR WASH INC	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or covered word "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation of A projessional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Es _
C. Enter new mailing address, if applicable:	Sign of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	- 5 .5
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(Florida stre	9 address)
New Registered Office Address:	, Florida
·	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent—I am familiar wa	ith and accept the obligations of the position
Signature of New Re	gistered 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 tale 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 Einancial 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.

E vample: - <u>X</u> -Change	<u>F1</u>	John Doe	
X Remove	\sum_{i}	Mike Jones	
<u>X</u> Add	$\underline{\mathbf{S}}\underline{\mathbf{Y}}$	Sally Smith	
Type of Action (Check One)	<u> Fitte</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			19 SEP
Remove			17 CP 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3) Change			
Add			
Remove			9: 5 0
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
	
	11 St 11
	SSS
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	<u> </u>
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N A)	- Co -
4, · · · · · · · · · · · · · · · · · · ·	OR
	<u> </u>
	, > O
· · · · · · · · · · · · · · · · · · ·	

08/15/2019	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
08/15/2019 Effective date if applicable:	
enective date it applicable: One more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory fifing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ 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 east for the amendment(s) was/were sufficient for approval	19
by	S
tvoting groups ————————————————————————————————————	SEP TI
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	-5
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	AN 9: 50
08/15/2019 Dated	0
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)	
WILLIAM OLIVERAS	
P,D Queen Column.	
(Title of person signing)	