P18000191693

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TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CROUTONS II, II	NC.			
DOCUMENT NUMBI	P18000101693		· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	f Amendment and fee are su	ubmitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following:			
	IA	N G. BACHEIKOV, ESQ.			
_	Name of Contact Person				
AKERMAN LLP					
_	Firm/ Company				
	THREE BRICKELL CITY CENTRE, 98 SE 7TH STREET, SUITE 1100				
_	Address				
	MIAMI, FLORIDA 33131				
-		City/ State and Zip Cod	e		
	IAN.BACH	IEIKOV@AKERMAN.CO	М		
		sed for future annual report			
For further information	concerning this matter, pleas	se call:			
IAN G. BACHEIKOV, ESQ.		305 at (982-5669		
Name of	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 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		Amend Divisio	Address Iment Section on of Corporations Building		
Tallahassee Fl 32314		2661 E	vecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

CROUTONS ILING

Cr	ROUTUNS IT INC
(Name of Corporation	n as currently filed with the Florida Dept. of State)
	P18000191693
(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	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	d "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 ADDI	PECC)
(Principal office address MUST BEASTREET ADDI	KESS)
C. Enter new mailing address, if applicable:	72
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
	를 이 이
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
Name of New Registered Agent	
	(Florida street address)
	, Florida
New Registered Office Address:	(City) (Zip Code)
	•
New Registered Agent's Signature, if changing Regi	istered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	ature 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.

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>	Name	<u>Addres</u> s		
1) Change	P	ROBERTO BEARZI	600 NE 50TH TERR		
X Add			MIAMI, FL 33137		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Adđ					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach <i>addi</i>	or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)	
•		
lf an ameni provisions	iment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself;	
(if not	applicable, indicate N/A)	
		_

FEBRUARY 5, 2019	
The date of each amendment(s) adoption:, if other date this document was signed.	r than the
FEBRUARY 5, 2019	
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 list document's effective date on the Department of State's records.	ted as the
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	
by" (voling group)	
(voting group)	
☐ 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.	
FEBRUARY 5, 2019	
Dated	
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)	
FIORELLA BLANCO	
(Typed or printed name of person signing)	-
VICE PRESIDENT	
(Title of person signing)	_