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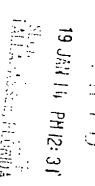
(Requestor's Name)				
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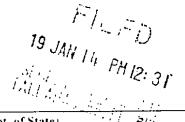
JAN 17 ...

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	Michael Ettu	s Inc			
DOCUMENT NUMBER:	P19000001405					
The enclosed Articles of Ar	nendment and fee are sub	omitted for filing.				
Please return all correspond	ence concerning this mat	ter to the followir	រតិ:			
	Michael R. Ettus					
	Name of Contact Person					
	Lashbrook & Associates					
	Firm/ Company					
201 Golden Isles Dr Suite 301						
	Address					
	Hallandale Beh, Fl. 33009					
		City/ State and	Zip Code	:		
		Mark@Lbrook.c	com			
	E-mail address: (to be us	ed for future annu	al report	notification)		
For further information con Michael		e call: at (954	581-8112		
Name of Co	ntact Person	at (Area Coo	Je & Daytime Telephone Number		
Enclosed is a check for the	following amount made p	ayable to the Flor	rida Depa	rtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Centified Cop (Additional co- enclosed)	Ņ.	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Division o P.O. Box	ent Section of Corporations		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssec, F1, 32301		

Articles of Amendment to Articles of Incorporation of



Michael Ettus Inc

(Name of Corporation as currently filed with the Florida Dept. of State P19000001405 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Mike Ettus Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc." or Co." or the designation "Corp." "Inc." or "Co" A professional corporation name must comain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: ____ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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, \widetilde{V} Vice President, \widetilde{T} Treasurer, S Secretary, D Director, TR Trustee; $C \in Chairman$ 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> <u>Joh</u>	n Due	Address
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	v Smith	P
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I } Change		******	
Add			
Remove			<u></u>
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u>-</u>	
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Artic	l <u>es, enter change(s) here</u> :	19 JAN 14 PH 12: 3
(Attach additional sheets, if necessary).	(Be specific)	13613
		CATON
-		
If an amendment provides for an excha	inge, reclassification, or cancellati	on of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the ame	ndment itself:
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	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 the amendmen by the shareholders was/were sufficient for approval.	n(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment 19 Jahl 14 PH 12: 32
"The number of votes cast for the amendment(s) was/were sufficient for approval	PH.
by	7
(voting group)	2 2
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
1/9/2019 Dated	
Signature My dad FHus	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co- appointed fiduciary by that fiduciary)	n
Michael R. Ettus	
(Typed or printed name of person signing)	· ····································
PV\$T	
(Title of person signing)	·