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| Certified Copies        | Certificates         | s of Status |
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| Special Instructions to | Filing Officer:      |             |
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## **COVER LETTER**

| TO: Amendment Section Division of Corpor |   |  |  |      |            |
|--|---|--|--|------|------------|
| NAME OF CORPORA                          | Pianor                                      | Tale Inc   | (  |      | The second |
| DOCUMENT NUMBI                           | ER: 1 000                                   | 700 ( 100  |  | ·    |            |
| The enclosed Articles o                  | f Amendment and fee are su                  | ibmitted for filing.   |  |      |            |
| Please return all corresp                | ondence concerning this ma                  | tter to the following:   |  |      | ٠.         |
| _  | Est   | her Jean BA  | ivt  |      | •          |
|  | Bela TA                                     | Name of Contact Perso  | n  |      |            |
|  | · ·   | Firm/ Company  |  |      |            |
| _  | 18 150x                                     | 6081   |  |      |            |
|  |   | Address  |  |      |            |
| _  | Draudon, =                                  | FL 33508   |  |      |            |
|  | esther leans                                | City/ State and Zip Cod  | . com ·  |      |            |
|  | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |      |            |
| For further information                  | concerning this matter, pleas               | se call:   |  |      |            |
| Cother                                   | Jean Bart                                   | at (   | 199.2900   |      | _          |
| Name of                                  | Contact Person                              | Area Co  | de & Daytime Telephone Nu  | mber | _          |
| Enclosed is a check for t                | he 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) |      |            |
|  | ng Address<br>dment Section                 |  | Address<br>Iment Section   |      |            |
| Divisi                                   | on of Corporations<br>Box 6327              | Divisio  | on of Corporations  Building   |      |            |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

| to .                    |       |   |
|-------------------------|-------|---|
| Articles of Incorporati |       |   |
| of                      |       |   |
|                         | <br>1 | ſ |

| Bela Tale, Inc.  |  |                      |
|--|--|----------------------|
| (Name of Corporation as curren   | tly filed with the Florida Dept. of State          | )                    |
| P19000001882   |  | -41<br>- 21-         |
| (Document Number of  | of Corporation (if known)                          | - · ·                |
| Discount to the provision of series (07,1000 Phylle See and 12   | With Book and the state of                         |                      |
| Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:  | s <i>r ionaa Projii Corporation</i> adopts the t   | ollowing amendment(s |
| A. If amending name, enter the new name of the corporation:  |  |                      |
| N/A  |  | The new              |
| name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name              | r the abbreviation   |
| B. Enter new principal office address, if applicable:  | NIA  |                      |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |  |                      |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | N A  |                      |
| D. If amending the registered agent and/or registered office add<br>new registered agent and/or the new registered office addres   |  |                      |
|  |  |                      |
| Name of New Registered Agent   | 10.01  |                      |
|  |  | <del></del>          |
| (rioriaa si  | treet address)                                     |                      |
| New Registered Office Address:   | , Florida_   |                      |
|  | (City)   | (Zip Code)           |
| 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 po $\Delta$ | sition.              |
| Signature of New I   | 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, 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:<br>X Change          | PT John              | Doe               |                             |
|-------------------------------|----------------------|-------------------|-----------------------------|
| X Remove                      | <u>V</u> <u>Mike</u> | Jones             |                             |
| X Add                         | SV Sally             | Smith             |                             |
| Type of Action<br>(Check One) | <u>Title</u>         | <u>Name</u>       | <u>Addres</u> s             |
| 1)Change                      | 160                  | Jennifer Bellexue | P.O. Box 6081               |
| Add  Remove                   |                      | U                 | Brunday FL<br>33508         |
| 2) \( \int \) Change          | CED                  | Esther JEANBART   | PO BOX 6081                 |
| Add                           |                      |                   | BRANdon, 77<br>33504        |
| 3) Change Add                 | 2                    | Curdy J. LAurent  | Po Box 60%1<br>Brandon, tr. |
| Remove                        |                      | .1                | 33508                       |
| 4) Change                     |                      | M/A               |                             |
| Add<br>Remove                 |                      | ſ                 |                             |
| 5) Change                     |                      | M/A               |                             |
| Add<br>Remove                 |                      | 1                 |                             |
| 6) Change                     |                      | $\mathcal{M}/V$   |                             |
| Add                           |                      | 1                 |                             |
| Remove                        |                      |                   |                             |

| famending or adding additional Artic<br>Attach additional sheets, if necessary). | (Be specific)   |
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|  | ange, reclassification, or cancellation of issued shares, |
|  | idment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)  |   |
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| The date of each amendment(s) adoption:  | , if other than the            |
|--|--------------------------------|
| date this document was signed.   |                                |
| Effective date if applicable: MAY 11 7019  (no more than 90 days after amendment file date)  |                                |
| (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 amendme by the shareholders was/were sufficient for approval.  | nt(s)                          |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s): | ement                          |
| "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 and shareholder action was not required.  | ılder                          |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |                                |
| Dated April 29, 2019 Signature Start on St.  |                                |
| (By a director, president or other officer - if directors or officers have not be  |                                |
| selected, by an incorporator – ikin the hands of a receiver, trustee, or other components appointed fiduciary by that fiduciary)   | ourt                           |
|  |                                |
| Esther Jean Bart   |                                |
| (Typed or printed name of person signing)  |                                |
| COB - Chief Operating of (Title of person signing) (   | fice.                          |