P190000191007

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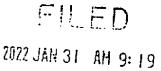
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: REOLC	GY INC.			
DOCUMENT NUMB	er: <u>P19000</u>	19007			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
-	YLIJAH BROWN Name of Contact Person REOLOGY INC. Firm/ Company				
-					
	15800	PINES BLY	ID SUITE 3162		
	Address				
-	PEMBROKE PINES TL 33-027 City/ State and Zip Code				
-	JUJAH ?	504MAIL. CO	>M		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
YLIJAH	BROWN	at (_95 4)_(662 - 3779		
YLIJAH BROWN at (954) (662 - 3779) Name of Contact Person Area Code & 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	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation



REDLOGY INC.

(Name of Corporation as currently filed with the Florida Dept. of State): IARY OF STATE

P1 90000 19	1007	and white contract (1.4)
(Doce	ument Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Co</i>	prporation adopts the following amendment(
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word ' "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	c," or "Co". A professional co	
B. Enter new principal office address, if applical	<u></u>	
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
D. If amending the registered agent and/or regis new registered agent and/or the new registere		enter the name of the
Name of New Registered Agent		
	(Florida street 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 position.

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: X Change	<u>b.l.</u>	<u>John D</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addręs</u> s
1) Change	NP.	·	CALVIN WILLIAMS	1645 NOTTINGHAM WAY
X Add				CONYERS GA. 30094
Remove				
2) Change		<u> </u>		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				·
5) Change		_		
Add				. ————
Remove				
6) Change				
Add				
Remove				<u></u>

amending or adding additional Arti- tach additional sheets, if necessary).	(Be specific)
	
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an amendment provides for an exch rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	, 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.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(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 PEOLOGY INC BOARD OF PIRECTORS." (voting group)	
Signature (By a director, president or other officer—if directors or officers have not be selected, by an incorporator—if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary) (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	