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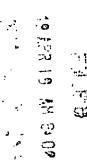
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: The BROKEN WATCH, INC.

DOCUMENT NUMBER: P-19000019473 DOCUMENT NUMBER: Add EIN# 83-3923994 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tyler Brecher The Broken Watch Inc. 13510 Tamiami Tr) N
Address Naples FL 34110

City/ State and Zip Code tylerbrecher 3@gmail.comv E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$**52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

The Broken L	WATCH, INC y filed with the Florida Dept. of State)		
P 1900001	9473		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this atticles of Incorporation:	Florida Profit Corporation adopts the following a	mendment(s	.) to
A. If amending name, enter the new name of the corporation:			
N/A	$r_{i}$	he 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 must cor	reviation itain the	
B. Enter new principal office address, if applicable:	<i>N/A</i>		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	/		(B)
			Par Ti
		<del></del> :	
C. Enter new mailing address, if applicable:	N/A		(7)
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<i>N</i> / A		
			কু
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address			
Name of New Registered Agent	N/A		
	7		
(Florida str.	eet address)		
New Registered Office Address:	Florida		
	(City) (Zip Coc	le)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v			
	/ .		
Signature of New R	Y/A		
signature of New R	egisierea Ageni, ij enanging		

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	PT John I	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Sec	ZACHARY Brecher	4830 Cherrywood Dx Naples, FL. 34119
Add			Naples, Fi. 34119
_X_ Remove			
2) Change	-		
Add			= , , , , , , , , , , , , , , , , , , ,
Remove		- 0 1	
3) X Change	<u>sec</u>	Dawn Brecher	4830 Cherry Wood Dr Naples, FL
Add			Dr Naples, FL
Remove			34119
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).		$\mathcal{N}/A$	
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			.,.
f an amendment provides for an exch	iange, reclassificatio	n, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contai	ned in the amendment itself:	
		NA	
The state of the s		,	

The date of each amendment(s) adoption: 4/18/19, 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 date will not be listed as the document's effective date on the Department of State's records.
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 (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.
Dated $4/18/19$ Signature $34$
(By a director, president of 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)
Tyler Brecher (Typed or printed name of person signing)
President
(Title of person signing)