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SECRETARY OF STATE AND AND AND ASSEST OF CORUMN.

TECHNICATION OF

COVER LETTER

TO: Amendment Section

Division of Corporations

HRKWOR INC NAME OF CORPORATION: ____ P190000 23257 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAYUE (NOU

Name of Contact Person HP (W)/C 1WC 3101 SW 147 CT Address MIAMI FL 33185
City/ State and Zin Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee 12 \$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as curren		
HRKUUZ INC P	190000 232	57
(Document Number	of Corporation (if know	1)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corpord	ation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:		
RAJNER AUGN IL name must be distinguishable and contain the word "corporati	/C	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional i	incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> NA</u>	
		19 SEC
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA.	F III
	·	<u></u>
D. If amending the registered agent and/or registered office add	iress in Florida, enter t	he name of 🚮 🚟 🖰 🚥
new registered agent and/or the new registered office addres	<u>ss:</u>	
Name of New Registered Agent	DA	
(Florida st	reet address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and assumt the abl	invairum uCali un visi un
incress, accept the appointment as registered agent. I am jamiliar	<i></i>	gations of the position,
	NA	
Signature of New 1	Registered Agent, if chai	nging

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 <math>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	PT John I	<u>)0e</u>		
X Remove	V Mike.	<u>Jones</u>		
X Add	SV Sally S	Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>U</u>		_	19 N
Add			 	19 NOV 22 SHORE ARY
Remove				
2) Change	_ N 1			200 84 10:08
Add				- 13
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Remove				
4) Change	· · · · · · · · · · · · · · · · · · ·			
Add				
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5) Change	NA		-	
Add				
Remove				
6) Change	NA			
Add				
Remove				

E. If amending or adding (Attach additional sheet)	ig additional Art ets, if necessary).	tictes, enter chai (Be specific)	nge(s) here:					
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If an amendment pro provisions for imple	vides for an exclude menting the ame	hange, reclassifiendment if not co	cation, or cane ontained in the	ellation of issue amendment its	ed shares, self:	815 000	₩ 10: 08	0
(if not applicable	. indicate N/A)		<u> </u>		 ID	, SEFE	80	
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ine date of each amendment(s) adoption:	_, ii other than me
date this document was signed.		
Effective date <u>if applicable</u> :		
ratective date it approcasie.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will repeatment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	TAL SE	19
<i>Oy</i>	(voting group)	ろ m
	adopted by the board of directors without shareholder action and shareholder	FILED 19 NOV 22 AM 10: 08
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	¥10: 08
Dated	11/16/19	. <u> </u>
Signature	2-	_
(By	a director, president or other officer – if directors or officers have not been	
	ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	RAYNER, ALTIN	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	