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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations						
NAME OF CORPORATION: 17 Street Management Inc DOCUMENT NUMBER: P19000034440						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Kristofur Nelson, Esq. Name of Contact Person						
N.R. Group Management, Inc.						
111 Park Centre Bonlavad, Sufe 450 Address						
Migmi Gardons, FL 33169 City/ State and Zip Code						
City/ State and Zip Code K.nelsone hringestments. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Kristofor Nolson at (954), 559-5997 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations						

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

17 Street Managemen		
(Name of Corp.	oration as currently filed with the Florida	Dept. of State)
P)900003440		
(D	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Corporati</i>	on adopts the following amendment(s) to
A. If amending name, enter the new name of t	he corporation:	
17th Street Asset Manag	anal CInc.	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	word "corporation," "company," or "in Corp," "Inc," or "Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address, if appli		
(Principal office address <u>MUST BE A STREET</u>	(ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>)	E BOX)	
		2019 HAY
D. If amending the registered agent and/or re		name of the
new registered agent and/or the new regist	ered office address:	SSS
Name of New Registered Agent		
		EF &
	(Florida street address)	m 0
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	g Registered Agent:	
Thereby accept the appointment as registered ag		ations of the position.
	Signature of New Registered Agent if chang	vina

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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if n	ecessary). (Be spec	change(s) here: ific)		
		···-		
<u> </u>				
				
		-		-
				,
				,
f an amendment provides	for an exchange, recl	assification, or can	cellation of issued s	shares,
provisions for implementing (if not applicable, indic	ng the amendment if $vate N/A$)	not contained in th	e amendment itself	<u>:</u>
				· · · · · · · · · · · · · · · · · · ·
<u> </u>				
•	-			<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"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 5/30 / / 9	
Signature (By a director, president on 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)	
Nir Shoshani (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	