P19000044866

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COVER LETTER

Division of Corporations NAME OF CORPORATION: MAKAJ UNIVERSAL FINANCIAL INC.

DOCUMENT NUMBER: P19000044866 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHAWNON MARAJ Firm/ Company EERFIELD BEACH E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

MARAJ UN	INERSAL	TINAN	CIAL -	Lnc	
	Corporation as currentl	v filed with the Flori	da Dept. of State)		
<u> </u>	14866				
	(Document Number o	f Corporation (if know	m)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corpor	ation adopts the fo	ollowing amendment	(s)
A. If amending name, enter the new nam			_		
MARAJ UNIN	IORSAL FI	VANCIAL	CORF	The new	
name must be distinguishable and contain th "Inc.," or Co.," or the designation "Cor "chartered," "professional association," o	e word "corporation," "е p," "Inc," or "Co", г	company," or "incorp Uprofessional corpor	orated" or the abb	reviation "Corp.,"	
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A STF</u>					
C. Enter new mailing address, if applica (Mailing address MAY BE A POST O) D. If amending the registered agent and/new registered agent and/or the new a	F <u>FICE BOX</u>) for registered office add		the name of the	2020 J.:: 15 PH 2: 11	
Name of New Registered Agent					
_	(Florida sti	eet address)			
New Registered Office Address:		(City)	, Florida_	(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register			ligations of the po	sition.	
	Signature of New R	egistered Agent, if cho	inging		

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3.) Change		_		
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				
KCIROVC				

	ding or adding additional Artic additional sheets, if necessary).	(Be specific)				
						
				······································		
						
					•	
				· · ·		<u> </u>
If an ar	nendment provides for an exch	ange, reclassi	lication, or can	cellation of iss	ued shares.	
provis	ions for implementing the amer	ndment if not	contained in th	e amendment	itself:	
(i)	not applicable, indicate N/A)					

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop action was not required.	ed by the incorporators, or board of directors withou	ut shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes east for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the ac	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approva	I
by		n ,
	(voting group)	
Dated	8/2020	
Signature	fine allen	
selected,	ctor, president or other officer – if directors or offic by an incorporator – if in the hands of a receiver, tru I fiduciary by that fiduciary)	ers have not been istee, or other court
	SHANNON MARAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
~	(Title of person signing)	