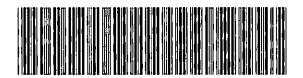
## P190000 46280

(Re	questor's Name)	<del></del>
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NIC HOLAS NAME OF CORPORATION: P19000046280 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NICHOLAS BASKIN Firm/ Company 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 □\$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 (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

SECRETARY OF STATE

## Articles of Amendment

	Articles of Inco	rporation		
Nickolas	Baskin	- Inc		·
(Name of Corporat		filed with the Florida Dep	t. <u>of State</u> )	
,	D 19000	046280		_
(Docu	ment Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	la Statutes, this F	Torida Profit Corporation a	dopts the fo	ollowing amendment(s)
A. If amending name, enter the new name of the c	orporation;			
NiCHOLAS name must be distinguishable and contain the wo		INC		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "C	lo". A professional corpor	orated" or ation name	the abbreviation must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		SAME		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>9X</u> )			
		SAME		という
				RANGE OF STATE
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ess in Florida, enter the nat	ne of the	PH -
new registered agent and/or the new registered	forfice address:			: 32
Name of New Registered Agent		SONC		2 ONS
<del></del>	(Florida stre	et address)		
New Registered Office Address:			Florida	
	(1)	City)		(Zīp 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.

Same Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 officeld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Da	<u>ne</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>SV</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
I) Change		<del></del>		
Add				
Remove		_		
2) Change		5,4	fue 1	
Add	<del>, , , , , , , , , , , , , , , , , , , </del>	_		
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		<del></del>
Add				
Remove				<u></u>
O Charan				
6) Change			-	
Add				

Attach <i>additiona</i>	dding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)
	<u> </u>
	/
<u>-</u> _	<u></u>
_	
	t provides for an exchange, reclassification, or cancellation of issued shares.  mplementing the amendment if not contained in the amendment itself:
	cable, indicate N/A)
	NA

The date of each amendment(s) adoption: $\frac{\omega/7/19}{}$	, if other than
late this document was signed.	
Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)	<del></del>
(no more than 90 days after amendment fite date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this delocument's effective date on the Department of State's records.	ite will not be listed as
adoption of Amendment(s) (CHECK ONE)	
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.	s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 shareholde action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/7/19	
n Bi	
Signature (By a director, president or other officer – if directors or officers have not been	~ <del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other cour	rı
appointed fiduciary by that fiduciary)	
NicHOLAS Backin	
(Typed or printed name of person signing)	
President	
(Title of person signing)	