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COVER LETTER

TO: Amendment Section Division of Corporations							
NAME OF CORPORATION:	about Party & Quests.	Inc					
DOCUMENT NUMBER: P19000)49809						
The enclosed Articles of Amendment and fee are sub	omitted for filing.						
Please return all correspondence concerning this matt	ter to the following:						
Yw	sly Duran						
all C	Name of Contact Person Sout Party & Quents, - Firm/ Company	Inc					
13007 64) 122 auc							
1.1	Address FC 33186 City/ State and Zip Code						
	City/ State and Zin Code						
	Ties and Quests @ out lo	NK. COM					
For further information concerning this matter, please	e call:						
Yusley Duran Name of Contact Person	at (786) 210-5780 Area Code & Daytime Telephone Number	9 PC 61					
•	·						
Enclosed is a check for the following amount made p	payable to the Florida Department of State:	- 12 ままん - 14 と					
\$35 Filing Fee \$\sum \text{S35 Filing Fee & Certificate of Status}	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	H 2: 59					
Mailing Address	Street Address						
Amendment Section Division of Corporations	Amendment Section Division of Corporations						
P.O. Box 6327	The Centre of Tallahassee						
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810						

Tallahassee, Fl. 32303

Articles of Amendment

to

Articles	of	Incor	noration
,	٠.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

All About	Party	¢	Cuents	Inc	٠ .	
(Name of Corpo	pration as currently	filed w	ith the Florida Dept.	of State)		
P190	1000 498	00	Ì			
(D	ocument Number of	Corpor	ation (if known)			
Pursuant to the provisions of section 607.1006, FI its Articles of Incorporation:	orida Statutes, this F	Florida .	Profit Corporation add	pts the follow	ing amen	dment(s) to
A. If amending name, enter the new name of the All About Pa	uties &		uents, I			new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the a	'Inc," or "Co". A	ompany profes:	," or "incorporated" o tional corporation na	r the abbrevia me_must_cont	tion "Cot ain the v	p.," vord
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET						_
						_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)					_
			·		19 15	
D. If amending the registered agent and/or registered agent and/or the new registered.			lorida, enter the nam	e of the	TC 30	ر شوردن
					ωĵ	35
Name of New Registered Agent					نن 	. SI
	(Florida stre	et addre	ys)		— 63	
New Registered Office Address:				Florida		- 売
	(Cityj		(Zi _l	p Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			accept the obligations	of the position	1.	
	Signature of New Re	gistere	1 Agent, if changing			

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>Nan</u>	<u>ne</u>			£	<u>Addres</u> s	
1) Change						_		
Add						_		
Remove						_		_
2) Change						_		
Add								
Remove Change		_				_		<u> </u>
Add						_		
Remove						_		_
4) Change						_		
Add						_		
Remove						_		
5) Change						_		
Add						_		
Remove						_		_
6) Change						_		
Add						_		
Remove						_		_
				Page 2 of	i			
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)								

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F. If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	dment if <u>not contained in the amendme</u> n	<u>t itself:</u>
		
		
	_	
	Page 3 of 4	
The date of each amendment(s) adoption:	1 Ocas 140 27Th	2019 , if other than th
date this document was signed.	. O. a. 1 27th	0010
Effective date if applicable:	Wellensia 21	$\alpha \cup \Gamma$
The same is appropried.	(no more than 90 days after amendme	nt 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)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff		The number of votes cast for the amendment(s)
		s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was	s/were sufficient for approval
by		
,	(voting group)	
action was not required.		ctors without shareholder action and shareholder
The amendment(s) was/were adop action was not required.	ted by the incorporators	without shareholder action and shareholder
•	127/19	
Signature	Llufus	slex
		officer – Odirectors or officers have not been in the hands of a receiver, trustee, or other court
	d fiduciary by that fiduc	
_	Yus/e	y Duran
	Typed or prir	nted name of person signing)
_	Pus	ideat
(*	Title of person signing)	