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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: FAMILY TIES ES	STATE BUYERS & JEWE	LERS INC.	
	IBER: P19000050315			
	s of Amendment and fee are su	abmitted for filing.		
Please return all corn	espondence concerning this ma	tter to the following:		
	BRETT BARTHOLOMEW			
		Name of Contact Person	1	
	FAMILY TIES ESTATE BUYERS & JEWELERS INC.			
		Firm/ Company		
	225 SE 15 TERRACE	. ,		
		Address		
	DEERFIELD BEACH FL 3:	3441-4428		
		City/ State and Zip Cod	e	
BRI	ETTBART203@YAHOO.CON	4		
	-	sed for future annual report	notification)	
	(-2 -2 -	, , , , , , , , , , , , , , , , , , ,	,	
For further information	on concerning this matter, pleas	se call:		
BRETT BARTHOLONEW		at (203	410-4710	
Namo	ne of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	nendment Section	Amendment Section		
	vision of Corporations D. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FAMILY TIES ESTATE BUYERS & JEWELERS INC.

(Name of Corporation as cu	rrently filed with the Flo	rida Dept. of State)
P19000050315		
(Document Num	nber of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corp</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
	= ·	The new
name must be distinguishable and contain the word "corpe "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	" or "Co". A professioni	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		- K
Name of New Registered Agent BRETT BARTHOL	·	D: 23 FORITA
(Flor	rida street address)	·
New Registered Office Address:		, Florida
	(City)	(Zip 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.

Page 1 of 4

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, 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	<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
1) Change	P	SANTANA NORONHA	225 SE 15 AVE
Add			DEERFIELD BEACH FL 33441
X Remove			
2) Change	P	BRETT BARTHOLOMEW	225 SE 15 AVE
X Add			DEERFIELD BEACH FL 33441
Remove			
3)Change	-		
Add			19 /
Remove			HASSAH 18 SAH
4) Change			m ≤ E
Add			0; 2; 3; 0; 2; 3; 3; 3; 3; 3; 3; 3; 3; 3; 3; 3; 3; 3;
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	KLIARY OF STATE	16 AM 10:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	KLIARY OF STATE	16 AH
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The date of each amendment		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	JUNE 12,2019	
<u></u>	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amend re sufficient for approval.	ment(s)
	c approved by the shareholders through voting groups. The following s d for each voting group entitled to vote separately on the amendment(s	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	,"	
-/ <u></u>	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and share e adopted by the incorporators without shareholder action and shareholder	
•	0.0	
7/22/2 Dated	019	
Signature	Ruth Futhermuso	
(É	va director, president of other officer - if directors or officers have not	
	lected, by an incorporator - if in the hands of a receiver, trustee, or other	 -
ар	pointed fiduciary by that fiduciary)	AUG TO
	BRETT BARTHOLOMEW	16 16 4355
	(Typed or printed name of person signing)	The second
	PRESIDENT	AH IO:
	(Title of person signing)	<u> </u>