P190000 50474

(Re	equestor's Name)		
(Ad	ldress)		
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C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: NRBUL	OUS INC.	
DOCUMENT NUMBE	R: <u>P1960005</u>	50474	······································
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	Ma	WAL RONG	
		Name of Contact Perso	n
	D.O.	201 2401	
_		Firm/ Company	
•	\mathcal{D}_0 .	ROX 2401	
•	<u></u>	Address	
	Re	MONY, PL 334	5D9
	, <u>, , , , , , , , , , , , , , , , , , ,</u>	City/ State and Zip Cod	
		KO HOTHOL sed for future annual report	
For further information co	oncerning this matter, pleas	se call:	
MICHORY	KANE	at (<u>813</u>	245-5812
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
•			

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

NEBULOUS INC.			
(Name of Corporation as currently filed with the Florida Dept. of State	<u>:</u>)		
P190000 50474		•	
(Document Number of Corporation (if known)	•		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following	g amendi	neni(s) t
A. Hamending name, enter the new name of the corporation:			
		The ne	CW.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" of "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	or the al we must o	- obreviati contain t	on he
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			-
		-20	-
	<u> :::</u>	761	_
C. Enter new mailing address, if applicable:	!~	13([أ
(Mailing address MAY BE A POST OFFICE BOX)	<u>:</u>		
		P}	,
· · · · · · · · · · · · · · · · · · ·		रंग ————	
			-
D. If amending the registered agent and/or registered office address in Florida, enter the name of the		9	
new registered agent and/or the new registered office address:			
Name of New Registered Agent		_	
(Florida street address)		•	
New Registered Office Address: . Florida			
New Registered Office Address:, Florida	(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 p	oman.		
• •			
		_	
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 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.

Mike Jones, V as Remore Example:	ve, and Sa	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	V	KHAWD M EL JAMAL	Spirit Detrisseeby CL 3370
Remove			· .
2) Change			
Add			
Remove			***************************************
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add *			
Remove			
δ)Change			· ·
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

attach additional sheets, if necessary),	cles, enter change(s) here: (Be specific)	·
	•	
		
 		
an amendment provides for an exch	ange, reclassification, or cancellation of issued s	hares.
provisions for implementing the ame	ndment if not contained in the amendment itself	<u> </u>
(if not applicable, indicate N/A)	•	
•		
•		

The date of each amendment(s) adoption: date this document was signed.	10-03-2019	, if other than the
	10-05-2019	
Elective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	t meet the applicable statutory filing requirements, this date state's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHE</u>	ECK ONE)	٠.
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes east for the amendment(s) proval.	•
	shareholders through voting groups. The following statemen group entitled to vote separately on the amendment(s):	ı .
"The number of votes east for the amend	lment(s) was/were sufficient for approval	
by	ng group)	
(votii	ng group)	
The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the ir action was not required.	accorporators without shareholder action and shareholder	
Dated 10-03 - 20	19	
Dated 10-03 00 Signature	%	•
(By a director, presid	ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
	MHARL KAME 'yped or printed name of person signing)	
()		
	Degsidgut	
	(Title of person signing)	