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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TIR DYE SKY IN	C				
DOCUMENT NUMI						
The enclosed Articles	of Amendment and fee are so	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	EDZUI SZUMOWSKI					
	Name of Contact Person					
		Firm/ Company				
	815 OERSHING AVE					
		Address				
	ORLANDO, FL, 32806					
		City/ State and Zip Code	e			
EDG	ERROCKSON@ME.COM					
	E-mail address: (to be u	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
EDZUI SZUMOWSK	CI .	at (645-0975			
Name of Contact Person			de & Daytime Telephone Nu	mber		
Enclosed is a check for	r 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)	SEC. FALL;		

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

TIR DYE SKY INC (Name of Corporation as currently filed with the Florida Dept. of State) P19000058339 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: TIE DYE SKY INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the 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 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.

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.

X Change	<u>PT</u>	John Doe				
X Remove	<u>Y</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smit	<u>h</u>			
Type of Action (Check One)	Title	<u>N</u>	iam <u>e</u>	Address		
1) Change	-					
Add						
Remove						
2) Change						
Add				.		
Remove						
3) Change						
Add						
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4) Change						
Add				····		
Remove						
5) Change						
Add				19 AUG		
Remove				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
6) Change				>		
Add				W 10: 10		
Remove				10		

Attach additional sheets, if necessary)	. (Be specific)		
		
			
			
			
			
f an amundment provider for an ex-	change, reclassification, or cancella	tion of investigation	
an amendment provides for an ext	endment if not contained in the am	endment itself:	
provisions for implementing the am			
(if not applicable, indicate N/A)			
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(if not applicable, indicate N/A)		· · · · · · · · · · · · · · · · · · ·	SECRE SECRE
(if not applicable, indicate N/A)			19 AUG -5 A

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory filli- document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	s. The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for ap-	proval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without sharehold action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	
Taction was not required.	•
Dated 8 5 19	
Signature	
(By a director, president or other officer - if directors or	
selected, by an incorporator - if in the hands of a receiv appointed fiduciary by that fiduciary)	er, trustee, or other court
(Typed or printed name of person sig	PISES.
	DRET.
(Title of person signing)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \