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COVER LETTER

Division of Corporations LLE FINC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 4893 PIMILCO C+. WCT City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

(Name of Composition of ourseast)	filed with the Florida Dept. of State)
(Name of Corporation as currently	919000075707
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Gword "chartered." "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent Velorida stre	ve address)
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 w	

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)

Remove

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 Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	<u>nes</u>			
X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	<u>Title</u>		Name	الم المام المام	Address	pimilcoct
1) Change	P	_	Melinas	ninapel	West	, PiMIICOCT <u>Paim B</u> Cac FL, 33415
X_ Add						FC, 559 15
Remove						
2) Change						
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						

Attach additional sheets, if necessary). (Be spec	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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f an amendment provides for an exchange, recl	assification, or cancellation of issued shares,
provisions for implementing the amendment if (if not applicable, indicate N/A)	
(y not appreciate, material (v/t)	NIIA
	(*//,
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed. Effective date if applicable:	10115119	
•	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes east for the aufficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	archolder
Dated	115/19	
Signature		
(By/a c	frector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, or	ve not been or other court
	ted fiduciary by that fiduciary)	
	melina Shihadeh	
	(Typed or printed name of person signing)	
	<u>CEOIPRESIDEN</u>	IT
	(Title of person signing)	