Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003150043)))



H190003150043ABCX

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : PINPOINT GUIDANCE INC

Account Number : I20180000092

Phone : (954)371-9511

Fax Number

: (954)933-3379

Enter the email address for this business entity to be used for future... annual report mailings. Enter only one email address please.

Email Address:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN SENTIMENTS BY LELA, INC

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Ccrtified Copy | 0 | |
| Page Count | 0.1 | |
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COVER LETTER

| TO: Amendment Section Division of Corporat | ions | | | |
|--|--|---|--|--|
| | SENTIMENT'S BY | LELA INC | • | |
| NAME OF CORPORA | | | | |
| DOCUMENT NUMBER | R: | | | |
| The enclosed Articles of | Amendment and fee are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matt | er to the following: | | |
| | | ADELA MARTINEZ | | |
| | <u> </u> | Name of Contact Person | | |
| | | PRESIDENT | | |
| _ | | Firm/ Company | | |
| | | 7223 PRIMROSE LN | | |
| | | Address | | |
| | | TAMARAC FL 33321 | <u></u> | |
| | | City/ State and Zip Code | | |
| | v.a.businessolutions@gmail.com | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | |
| For further information of | concerning this matter, pleas | e call: | | |
| ADELA MARTINEZ | | at (| de & Daytime Telephone Number | |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | uriment 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) | |
| Malling Address Amendment Section Division of Corporations P.Q. 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

| SENTIMENTS BY LELAT | NL | |
|---|---|------|
| (Name of Corporation as currently filed with | the Florida Dept. of State) | |
| P19000079163 | | _ |
| (Document Number of Corporation | n (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Projets Articles of Incorporation: | fit 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," "compa "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro word "chartered," "professional association," or the abbreviation "P.A." | my," or "incorporated" or the abbreviation of offessional corporation name must contain the | |
| B. Enter new principal office address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | ĭ |
| | ي المحاصلة | • |
| | | ٠. |
| C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Mulling units MAX Pulls III - III) | | |
| | <u> </u> | |
| | | |
| D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address: | ide, enter the name of the | |
| Name of New Registered Agent | | |
| | | |
| (Florida street address) | | |
| | Florida | |
| New Registered Office Address: (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 appointment as registered agent. | ccept 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

| Example: X Change | PI | John De | Q¢ | |
|-------------------------------|--------------|---------------|------|----------------|
| X Remove | <u>v</u> | Mjke Jo | ones | |
| X Add | <u>sv</u> | Sally S | mith | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Address</u> |
| 1) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 3)Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | _ | | | |
| Add | | | • | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|--|
| ARTICLE III |
| The Purpose for which this corporation is organized is: |
| FASHION DESIGNER AND T-SHIRT PRINTING |
| |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| (у пот аррисание, такие мах) |
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| |

| 10/23/2019 |
|---|
| The date of each amendment(s) adoption:, if other than the date this document was signed. |
| 10/23/2019 |
| Effective date if applicable: (no more than 90 days after amendment 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) (CHECK ONE) |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 |
| (voting group) |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| OCTOBER 23, 2019 |
| Dated |
| Signature (By a director, president or other officer — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| ADELA MARTINEZ |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |