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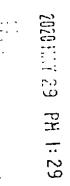
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Optical Technolog	ies, Inc					
DOCUMENT NUMI	010000000104						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	Allen Jacobi						
	_	Name of Contact Person	1				
	The Law Office of Allen Jacobi						
		Firm/ Company					
	11077 Biscayne blvd, suite 200						
•		Address					
	Miami, FL 33161						
	City/ State and Zip Code						
	Allen@allenjacobilaw.com						
	-	sed for future annual report	notification)				
For further informatio	n concerning this matter, pleas	se call:at (305	893-5644				
Name	of Contact Person		de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made						
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The C 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303				

Articles of Amendment to Articles of Incorporation of

Optical Technologies, Inc	
P19000090184	ently filed with the Florida Dept. of State)
· · · · · · · · · · · · · · · · · · ·	er of Corporation (if known)
·	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Trincipal office duaress MOST BL A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	2020
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office addi-	
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(enj)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
,	
Signature of Ne	w Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) Change	VP	Shani D. Burton Johnson	11077 Biscayne Blvd, suite 200
Add			Miami Fl, 33161
Remove			-
2) Change	P	Shani D. Burton Johnson	11077 Biscayne Blvd, suite 200
Add			Miami Fl, 33161
Remove 3) Change	P	James W Comstock	
Add			7044 KEIGHLEY STREET
x Remove			SAN DIEGO, CA 92120
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

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(Attach	nding or adding additional Artic additional sheets, if necessary).	(Be specific)			
				<u>.</u>	
					
	····				
_	<u>-</u>				
					
				· 	
					 -
. <u>If an ai</u> provis (i)	mendment provides for an excha sions for implementing the amen f not applicable, indicate N/A)	ange, reclassification adment if not conta	on, or cancellatio sined in the amen	n of issued shares. dment itself:	•
				<u>.</u>	

DocuSign Envelope ID: 582FF7CC-389F-4BD4-8AD0-D4796F14101F , if other than the The date of each amendment(s) adoption: date this document was signed. 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. (CHECK ONE) Adoption of Amendment(s) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) 5/22/2020 Shari Burton-Johnson

(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

(Typed or printed name of person signing)

(Title of person signing)

appointed fiduciary by that fiduciary)

VP

Shani D. Burton Johnson

Signature _