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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CICKS ARCACE INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAHFOUZ SAFAR Name of Contact Person
Clicks Arcacle Inc
9118 BARNSTABLE LANE
JACKSONVILLE FL 32357
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAHFOUZ SAFAR at (904), 6133166 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles	of	Incorpora	tion
	.,,	THE WAY IN THE	

Clicks Aprodo "]	Enc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P2000001160	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Th
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new pmpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6228 16TH STREET Bradenton FL
	34203
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020
	<u> </u>
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
	 F
Name of New Registered Agent	
(CL	
(Florida stree	address)
New Registered Office Address:	, Florida
'`	(Exp Clue)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
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5) Change			
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	ding additional Arti heets, if necessary).	(Be specific)			
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an amendment p	orovides for an exch	ange, reclassifica	tion, or cancellatio	on of issued shares	٩
orovisions for imp	plementing the amer ble, indicate N/A)	ndment if not con	tained in the amer	<u>idment itself:</u>	
(ң поғ арриса	ote, inatcate istA)				
<u>.</u>					··- <u>-</u>
			_ -		

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	doption:	, if other than t
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,	
	the more than 90 days after amenament file date,	,
Note: If the date inserted in this I document's effective date on the D	slock does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amufficient for approval.	nendment(s)
· · · · · · · · · · · · · · · · · · ·	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	•
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated5	-12-2020	
Signature		
selecte	irector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	not been other court
	MAHFOUZ SAFAR (Typed or printed name of person signing)	·
	PNESIGENT (Title of person signing)	
	(Title of person signing)	