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ΓO: Amendment Section Division of Corporations

NAME OF CORPO	BLACK TIDE EX	TERIORS INC	
	P20000004053 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	ALFREDO MERCADO		
	PRIME TAX SOLUTIONS I	Name of Contact Person J.C	
	50 N LAURA ST STE 2500	Firm/ Company	
	JACKSONVILLE, FL 32202	Address	
		City/ State and Zip Code	;
	FREDO@PRIMETAXJAX.0	OM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ALFREDO MERCA	DO	9()4 at (729-0372
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check f	or 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

of

BLACK TIDE EXTERIORS INC (Name of Corporation as currently filed with the Florida Dept. of State) P20000004053 (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 ts Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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." 3200 HARTLEY RD APT 190 B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) JACKSONVILLE, FL 32257 C. Enter new mailing address, if applicable: 3200 HARTLEY RD APT 190 (Mailing address MAY BE A POST OFFICE BOX) JACKSONVILLE, FL 32257 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: PRIMETAX SOLUTIONS, LLC Name of New Registered Agent 50 N LAURA ST STE 2500 (Florida street address) JACKSONVILLE New Registered Office Address: (City) (Zip Code) lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Registered Agent, if changing

Theck 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')

Example:

Please note the officer/director title by the first letter of the office title:

 D = 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 D	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally Smith			
Type of Action	<u>Title</u>		Name	Address	
Check One)	P		LUCCA Z FORNARI	3200 HARTLEY RD APT 190	
l) Change		<u> </u>		JACKSONVILLE, FL 32257	
Add					
Remove	P		ALE JUNIOR ESP. SANTO BARCELOS	10120 ARROWHEAD DRIVE, APT 4	
2) Change		_		JACKSONVILLE, FL 32257	
Add					
Remove 3) Change		<u> </u>			
Add					
Remove					
I) Change					
Add					
Remove					
) Change				-	
Add				1,0,1	
Remove					
) Change					
Add					
Remove					

Attach <i>additional sh</i>	eets, if necessary). (Be	specific)			
	<u> </u>				
					
	··				
an amendment p	rovides for an exchange, lementing the amendme	, reclassification, o	<u>r cancellation of</u> in the amendme	issued shares,	
(if not applicab	le, indicate N/A)	and it more contained	in the untending	iit itatii.	
					
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A. W. Carlotte	•	
The date of each amendment(s) adolate this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this durtment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment icient for approval.	(s)
	eved by the shareholders through voting groups. The following statem such voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
AUGUST 7.	2020	
Dated		
Signature		<u> </u>
selected, appointed	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other coul fiduciary by that fiduciary) UCCA Z FORNARI	
p	(Typed or printed name of person signing) RESIDENT	
_	(Title of person signing)	