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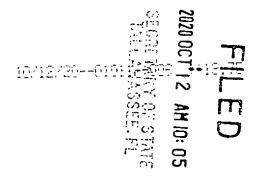
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: GRANTE & EANY THE DOCUMENT NUMBER: 720000 18766 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ari Jolinsau Name of Contact Person Firm/ Company For further information concerning this matter, please call: Cox Dimieno 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Caning & Lanz	. Inc	
(Name of Corporation as cur	rently filed with the Florida Dept	. of State)
Pzarot	018761.	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation ad	lopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>	
Camille with Gains Tire		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 "inchartered," "professional association," or the abbreviation "in B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:	C. A professional corporation n	or the abbreviation "Corp" ame must contain the word Corp. Cor
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office additional and the new registered of th		ne of the
(Flori	ida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	vgent: iliar with and accept the obligation	s of the position.
Signature of N	iew 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.

X Change	<u>PT</u> <u>Jol</u>	hn Dog	1020 Sec
X Remove	<u>V</u> <u>Mi</u>	ike Jones	920 OCT SECHA E
<u>X</u> Add	<u>sv</u> <u>sa</u>	Hy Smith	12 I
Type of Action (Check One)	Title	<u>Name</u>	Address SSOF A G
1) Change	<u></u>	Notair Davis	• •
Add			BOYMON BOOKH FL 33426
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)			
			
			
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F. If an amendment provides for an exchange, reclassification, or ca	ncellation of issued shares,		
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itself:		
(y an appacable, marcale 1871)			
		-	
			_

The date of each amendment(s) adoption:	_, if other than the
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 r document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval	2020 OCT
(voting group)	FILED 2020 OCT 12 AM 10: 05
Dated_botdory 5, 2020	
Signature Motor Dows (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) Notor Dows (Typed or printed name of person signing)	
Title of person signing)	