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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section

| Division of Corp | oorations | | • | | | | |
|--|---|--|--|--|--|--|--|
| NAME OF CORPO | RATION: Awakened Superhi | uman Inc | | | | | |
| | BER: P20000028136 | | | | | | |
| The enclosed Articles | s of Amendment and fee are su | bmitted for filing. | | | | | |
| Please return all corre | espondence concerning this ma | tter to the following: | | | | | |
| | Jo Hagan CPA | | | | | | |
| | Name of Contact Person | | | | | | |
| | Barefoot Accounting PA | | | | | | |
| | Firm/ Company | | | | | | |
| | 8975 San Rac Road | | | | | | |
| | | Address | | | | | |
| | Jacksonville, Fl 32257 | | | | | | |
| | City/ State and Zip Code | | | | | | |
| | jo@barefootaccounting.com | | | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | | | |
| For further informati | on concerning this matter, plea | se call: | | | | | |
| Jo Hagan CPA | | at (<u>904</u> | 379-2245 | | | | |
| Name of Contact Person | | Area Code & Daytime Telephone Number | | | | | |
| Enclosed is a check t | for 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 | | Street Address | | | | | |
| Amendment Section | | Amendment Section | | | | | |
| Division of Corporations | | Division of Corporations The Centre of Tallahassee | | | | | |
| P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 819 | | | | | | | |
| Tahanassee, FL 32314 | | 2413 in infontoe Street. Suite 810 | | | | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

Awakened Superhuman (Name of Corporation as currently filed with the Florid Hepr of State) H 4: Ub P200000028136 SECRETARY OF STATE (Document Number of Corporation (if known)TALLAHASSEE, FL Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New 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)

____ Add

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 V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) Peter Siciliano 9543 Campi Drive 1) ____ Change Lake Worth, FI 33467 Add Remove Change ____ Add __ Remove 3) ____ Change Add ___ Remove 4) ____ Change ____ Add Remove 51 ____ Change ___ Add Remove 6) ____ Change

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| , , , , | 12/31/2020 | |
|--|---|---|
| The date of each amendment(s date this document was signed. |) adoption: | , if other than the |
| Effective date <u>if applicable</u> : | 2/31/2020 | |
| | (no more than 90 days after amena | lment file date; |
| Note: If the date inserted in the document's effective date on the | s block does not meet the applicable statutory filir Department of State's records. | ng requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were action was not required. | adopted by the incorporators, or board of directors v | vithout shareholder action and shareholder |
| ■ The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes of sufficient for approval. | east for the amendment(s) |
| ☐ The amendment(s) was/were must be separately provided | approved by the shareholders through voting groups for each voting group entitled to vote separately on | The following statement the amendment(s): |
| "The number of votes c | ast for the amendment(s) was/were sufficient for app | proval |
| by | | |
| | (voting group) | |
| Dated | 12/31/2020 | |
| Signature | Cut | |
| selec | director, president or other officer – if directors or sted, by an incorporator – if in the hands of a receive inted fiduciary by that fiduciary) | officers have not been er, trustee, or other court |
| | Emily R Andrews | |
| | (Typed or printed name of person sign | ning) |
| | President | |
| | (Title of person signing) | |