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C. GOLDEN

JUN - 8 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: SARAS COTT	AGES INC.	<u> </u>				
DOCUMENT NUMBER	D00000004047						
The enclosed Articles of A	Amendment and fee are sul	bmitted for filing.					
Please return all correspon	ndence concerning this mat	tter to the following:					
		LOVETTE DOBSON					
_	Name of Contact Person						
	INCFILE.COM LLC						
_	Firm/ Company						
	17350 STATE HWY 249 STE 220						
	Address						
	HOUSTON, TX 77064						
		City/ State and Zip Code	2				
	EF	ILE1234@INCFILE.C	OM				
		sed for future annual report					
For further information co	oncerning this matter, pleas	se call:					
LOVETTE	DOBSON	at (855	829-9090				
Name of C	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for th	e 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)				
Amend Divisio P.O. Bo	ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303				

Articles of Amendment to Articles of Incorporation of

SARAS COTTAGES INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P20000031017 (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 its Articles of Incorporation: A. If amending name, enter the new name of the corporation: AMS COTTAGES INC. 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_ (City) (Zip Code) 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)

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	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change	_			
Add				
Remove				
5) Change				
Add				
Remove				
б) Change		_ .		
Add				
Remove				-

L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
					
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<u></u>		<u>.</u>			
		. <u></u>			
					·
provi	amendment provides for an excisions for implementing the amif if not applicable, indicate N/A)	hange, reclassificatendent if not con	tion, or cancellation tained in the amend	of issued shares, Iment itself:	
	<u>.</u>				<u>. </u>
					

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendmer	nt file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast fficient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. Teach voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for approv	val
by		
	(voting group)	_
Dated_APRIL 2	6, 2020	
Signature	Hat Molough	nei
	rector, president or other officer - if directors or offi	
	l, by an incorporator – if in the hands of a receiver, t ed fiduciary by that fiduciary)	rustee, or other court
	ART MOLOUGHNEY	
	(Typed or printed name of person signing	<u> </u>
	DIRECTOR	
	(Title of person signing)	