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Certified Copies	Certificates	s of Status		
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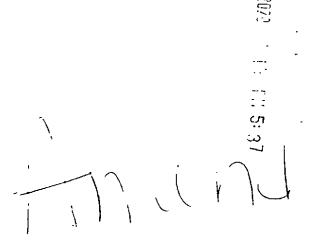


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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Fl. 32314

NAME OF CORPO	RATION: Black Tip Investm	nents US Inc	
DOCUMENT NUM	P20000036832		
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:	
	David Hirsch		
		Name of Contact Persor	1
	NATIONAL TAX & FINANC	CIAL SERVICES INC	
		Firm/ Company	
	2424 N FEDERAL HWY S	UITE 259	
		Address	
	Boca Raton, FL 33431		
		City/ State and Zip Code	2
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
David Hirsch		at (1
Name of Contact Person			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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Black Tip Investments US Inc

(Name of Corporation as curre	ntly filed with the Florida Dept	. of State)
P20000036832		
(Document Number	r of Corporation (if known)	1.7 - 1
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit Corporation</i> ad	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		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 "P.	A professional corporation no	or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		-3
		3
		· ·
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<u>ज</u> ़
		'ب <u>ن</u> دن
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		
Name of New Registered Agent		
(Ail with	street address)	
() to the	streer addressy	
New Registered Office Address:	(City)	, Florida (Zip Code)
	(Cig)	тыр стасу
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		s of the position.
Signature of Nev	v Registered Agent, if changing	· · · · · · · · · · · · · · · · · · ·
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
(Check One) 1) X Change	Р		Kari Haupert	
Add		_		
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
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6) Change		_		
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	eets, if necessary).	(Be specific)			
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	ovides for an exch	ange, reclassificat	ion, or cancellation	on of issued shares	1
an amendment pr	ementing the ame	ndment if not cont	ained in the ame	ndment itself:	
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an amendment pr rovisions for impl (if not applicabl	le, indicate N/A)				
rovisions for impl	le. indicate N/A)				

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The date of each amendment(s) ado	ption:	, 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 blo document's effective date on the Department.	ck does not meet the applicable statutory filing records.	quirements, this date 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 witho	ut shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes east ficient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the a	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approva	ıl
by	(voting group)	
	(voting group)	
Dated	12020	
selected,	ctor, president or other officer-if-directors or office by an incorporator – if in the hands of a receiver, tri I fiduciary by that fiduciary)	
_	Kari Hauper1 (Typed or printed name of person signing)	
	President	
-	(Title of person signing)	

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