P20 0000 40869

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Amend

SER FROM

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SECRET JAVAS	INC	
	1BER: P200000140869		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	DAVID LOVATT		
		Name of Contact Person	_
	SECRET JAVAS INC		
		Firm/ Company	
	1732 IST AVE #25955		
		Address	
	NEW YORK NY 10128		
		City/ State and Zip Code	2
	DAVID.LOVATT@GENTE	CH.GROUP	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
DAVID LOVATT		at (_347	8506024
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ar Di P.G	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

SECRET JAVAS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

	P20000040869		
(Docur	nent Number of Corporation (if knowr	n)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corpora	ntion adopts the followi	ng amendment(
A. If amending name, enter the new name of the c	orporation:		
			The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional corpora		
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>			
			2
			1376
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)		: .
			<u> </u>
	 .		
D. If amending the registered agent and/or registe		he name of the	ယ်
new registered agent and/or the new registered	office address:		
Name of New Registered Agent	<u>.</u> .		_
			_
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	Code)
	(Ciμ)	(2.tp	Codey
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent:	inations of the modeling	
r novely decept the appointment as registered agent.	Tam jamuar wan ana accept the only	ganons of the position.	
			_
Sign	ature of New Registered Agent, if chan	iging	
Charle if and inchin			

Check if applicable

 \Box 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>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO, D	LEONARD K ARMENTA JR.	1732 IST AVE #25955
X			NEW YORK, NY. 10128
Remove			
2) Change	PTSD	DAVID LOVATT	1732 IST AVE #25955
X Add			NEW YORK, NY, 10128
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
				
		<u></u>		
			<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		
an amendment provides for an exc	Janua enclassification	or cancellation of is	sued shares.	
provisions for implementing the am-	endment if not contain	ed in the amendment	itself:	
(if not applicable, indicate N/A)				
			_ 	
		<u></u>		

JULY 22 2020 The date of each amendment(s) adoption: , if other than the date this document was signed. JULY 22 2020 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 not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval JULY 22 2020 (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) DAVID LOVATT (Typed or printed name of person signing) SECRETARY (Title of person signing)