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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

Best Finherial Services

Firm/ Company

2200 Arrold CT

Address

Pensault 74 32504

City/ State and Zip Code Best Financial Services - com ss: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 835 Filing Fee □\$43.75 Filling Fee & □843.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

motas Eleviti	"C Inc	
	Corporation as currently filed with the	e Florida Dept. of State)
P20000 4	11790	
	(Document Number of Corporation (t'known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006. Florida Statutes, this <i>Florida Profit</i> (Corporation adopts the following amendment(s) to
A. If amending name, enter the new name	ne of the corporation:	
"chartered," "professional association," o	rp," "Inc," or "Co". A professional rthe abbreviation "P.A."	The new incorporated" or the abbreviation "Corp.," corporation name must contain the word
B. Enter new principal office address, if (Principal office address MUST BE A STI	applicable: REET ADDRESS)	
C. Enter new mailing address, if applied (Mailing address MAY BE A POST Of D. If amending the registered agent and/new registered agent and/or the new registe	or registered office address in Florida,	enter the name of the
Name of New Registered Agent	Ruben motor &	צים ענט ניע
New Registered Office Address:	2260 Arnold CT (Florida street address) Pen SAcola (City)	. Florida 32509 (Zip Code)
New Registered Agent's Signature, if char hereby accept the appointment as registere	nging Registered Agent: rd agent. I am familiar with and accept :	the obligations of the position.
~ Charles	Signature of New Registered Agent.	if changing

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.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	9	MANCY Acular MegiA	2260 ArnoldeT
AddRemove			32504
2) Change Add	P		2260 Arnoldet Bansacil-7632504
Remove 3) Change			
Add			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add Remove			
5) Change Add			
Remove		-	
6) Change Add	-		
Remove			

Attach additional sheets, if necessary),	ticles, enter change(s) here: (Be specific)	
		_
in amendment provides for an excha	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
Alfanta and the Attack the amen-		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		· · - ·
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

date this document was signed.	adoption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements Department of State's records.	this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without sharehold	lder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amei ufficient for approval.	ndment(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	t statement (s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	<u>. </u>	
	(voting group)	
Signature (B) a d selecte	irector, president or other officer—if directors or officers have no d, by an incorporator—if in the hands of a receiver, trustee, or officer fiduciary by that fiduciary)	ot been ner court
	Tuber mota Brown (Typed or printed name of person signing)	J
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	