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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HARKINS COMM	ODITIES, INC.	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	LILY E. HARKINS		
		Name of Contact Person	
	HARKINS COMMODITIES.	. INC.	
		Firm/ Company	
	350 ALT 19		
		Address	
	PALM HARBOR, FL 34683		
		City/ State and Zip Code	· · ·
	SUPPORT@FAFSINC.COM		
	E-mail address: (to be us	ed for future annual report i	notification)
For further information	n concerning this matter, pleas	e call:	
LILY E. HARKINS		at (712-2214 e & Daytime Telephone Number
Name o	of Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment 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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

HARKINS COMMODITIES, INC.	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P20000048591	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
Harki	ins Fashion Consulting INC The new
name must be distinguishable and contain the word "corpor	ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>(3</u>)
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22
(Mulling dualess MAT DE A POST OF FICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the address:
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
-	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent: 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 Do	<u>oe</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>sv</u>	Sally Sr	<u>nìth</u>		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
1) Change		_			
Add					
Remove					
2) Change	<u> </u>	_			
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
5) Change		-			
Add					
Remove					

<u>amending or adding additional</u> tach <i>additional sheets, if necessa</i>	ry). (Be specific)			
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n amendment provides for an e	exchange, reclassification, o	r cancellation of issued	charac	
ovisions for implementing the a	mendment if not contained	in the amendment itee	if.	
(if not applicable, indicate N/A)	the amendment tese	<u></u>	
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		<u> </u>		
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	-			

	06/11/2021
The date of each amendment	
date this document was signed	06/11/2021
Effective date if applicable:	the state of the s
	(no more than 90 days after amendment file date)
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
☐ The amendment(s) was/wen must be separately provided	e approved by the shareholders through voting groups. The following statement d 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
by	.,
	(voting group)
06/11/2 Dated Signature	2021
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	LILY E. HARKINS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)