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COVER LETTER

TO: Amendment Section Division of Corporation	rations				
NAME OF CORPOR	ATION: BUY 1	10W 20 C	orl.		
DOCUMENT NUMB	er: <u>72</u>	00000 4864	[2		
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
-			LE Ł		
_	Name of Contact Person BUY NOW 20 CORP.				
Firm/ Company					
-	3446 Roorich	T CIRCLE			
	Λ	Address L 32 824 City/ State and Zip Code			
-	URCANDO, FI	1, 32.824			
		City/ State and Zip Code	<u> </u>		
	BUY. N	OWSTURE. 20	O GMA(L. COM notification)		
-	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
<u>Oscail</u>	AVAREZ	at(407	729 5413 de & Daytime Telephone Number		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mail	ing Address	Street	Address		
	ndment Section		ment Section		
	ion of Corporations Box 6327		n of Corporations		
	hassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

			01 /
<u> BUY</u>	Now	20	CORV

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

If amending name, enter the new name of the corporation:			
BUY NOW Z CORV.			_The_n
me must be distinguishable and contain the word "corporation," "compo nc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro- chartered," "professional association," or the abbreviation "P.A."	my, or "incorporated" fessional corporation n	or the abbreviation or the must contain	on "Corp in the wi
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	~/A		
			D 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	· <u>·</u> .	2029 .
			(
			<u>-1</u>
If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	r Florida, enter the nar	ng of the	0 :6
Name of New Registered Agent	N/A		- 5
	lress),		- ·
tFlorida street ado	11 .	Florida N	Д
	NIA		, , , , , , , , , , , , , , , , , , ,
(Florida street add <u>New Registered Office Address</u> : (City)	N/A	(Zip C	i oac)
	<u> </u>	(Zip (i inaci
New Registered Office Address: (City) ew Registered Agent's Signature, if changing Registered Agent:		77.47	с ожеў
New Registered Office Address: (City)		77.47	Coaej

Check if applicable

 $[\]square$ The amendment(s) is/arc 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>	2 Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	<u>c Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	NA	A)N	N/A
Add			
Remove	ĺ	.1	
2) Change	NA	MA	- N/A
Add			
Remove 3) Change	NA	NA	N/A
Add			
Remove	1	1	-
4) Change	MA	NI	N/A
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5) Change	NA	AM	N/A
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6) Change	MA	N/A	N/A
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Remove			

	. if necessary).	(Be specific)	1		
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/ 17 D 11	idicate N/A)		tenico in tur ani	<u>chament itseit:</u>	
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The date of each amendment(s) adoption: date this document was signed.	<u> </u>	, if other than the
Effective date if applicable:	N A more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not me document's effective date on the Department of State		irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the incorpaction was not required.	porators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareby the shareholders was/were sufficient for approximation of the shareby the shareholders was/were sufficient for approximation of the shareby the sh		the amendment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group		
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by Z	."	
(voting gr	оир)	
Dated 07 23 20		
Signature		W S
	or other officer – if directors or officer nor – if in the hands of a receiver, trust out fiduciary)	
	OSCAR ANARE	₹
(Туре	d or printed name of person signing)	
	VRESIDEN+	
(Title	of person signing)	