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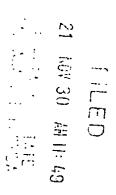
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Constantinople Micro Inc DOCUMENT NUMBER: $\frac{P}{-}$ 20000082550 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stuart Thorn Name of Contact Person Oxford Research LLC Firm/ Company 170 NE St. # 1475 Address Boca Raton FL 33429 City/ State and Zip Code sthorn@sthorn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 267 3404

Area Code & Daytime Telephone Number Stuart Thorn Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ■S43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

CONSTANTINOPLE MICRO INC

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	<u> </u>	Ocumei	ıt Nun	nber of C	Orporatio	n (if kno	wn)			
Pursuant to the provisions of section its Articles of Incorporation:	607.1006, F	lorida S	tatute:	s, this <i>Fl</i> o	orida Pro	fit Corpo	ration	adopts	the folloy	ving amendment(s)
A. If amending name, enter the no	ew name of t	the cor	orati	on:						
name must be distinguishable and co "Inc.," or Co.," or the designatio "chartered," "professional associat	n "Corp," :	" Inc ," ϵ	or "C	o". A 1	npany," o profession	r "incorp al corpo	poratec tration	l" or th name	e abbrevi must-con	The new attion "Corp.," tain the word
B. <u>Enter new principal office addi</u> Principal office address <u>MUST BE</u>			<u>ESS</u>)					_		
C. Enter new mailing address, if: (Mailing address MAY BE A PC		<u>E BOX</u> ,	,							
D. If amending the registered age new registered agent and/or th					s in Flori	da, ente	r the n	ame of	the	
Name of New Registered Ag	<u>gent</u>									
			(Flor	rida street	address				- <u></u>	· · · · · · · · · · · · · · · · · · ·
<u>New Registered Office Addi</u>	ess:		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Flor	rida .	, I— M
				((`	ity)				11.15 11.50	ip Cade)
New Registered Agent's Signature I hereby accept the appointment as r					h and acc	ept the o	bligatie	ms of t	he positio	n.
		Cr.		N	Car					
		Signatu	re of i	vew Reg	stered Ag	ent, if ch	anging			

Check if applicable

 \square 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 u 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>b.t.</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Sandra Thorn	1145 NE 5th Ave
X Add			Boca Raton FL 33432
Remove			
2) Change			
Add			-
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		.	
Add			 -
Remove			

NOTE - forms to make this change were incorrect as LLC forms used in error, please return and record this form)				
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f an amendment p provisions for imp (if not applicab	rovides for an exchange, recla lementing the amendment if r de, indicate N/A)	ssification, or cancelland to the ar	ation of issued shares, mendment itself:	
			<u>-</u> .	
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The date of each amendment(s) adoption:	, if other than th
26th November 2021	
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 statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direction was not required.	ectors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number o by the shareholders was/were sufficient for approval.	votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficien	t for approval
Stuart Thorn by	
(voting group)	·
26th November 2021 Dated	
Signature (By a director, president or other officer - if dife selected, by an incorporator - if in the hands of a appointed fiduciary by that fiduciary)	
Stuart Thorn	
(Typed or printed name of pe	rson signing)
President	
(Title of person signing)	