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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: MA FL.	INC.		
DOCUMENT NUMBER: <u>P200008</u> 1	1238		_
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Corce tong	SOMEROE DO VILLO	accepted Am	<u>Pate</u>
- ,	Name of Contact Perso	n	
	Firm/ Company	· -	
<u>853 Eagle</u> V	iew Dove		
853 Eagle V Tallahassee, F	-L 32311 City/ State and Zip Cod	le	
MP71383	ed for future annual report	\cap	_
For further information concerning this matter, pleas	e call:		
Mike Patel	at (<u>850</u>	491-5693	
Name of Contact Person	Area Co	ode & Daytime Telephone N	lumber
Enclosed is a check for the following amount made p	payable to the Florida Dep	partment of State:	
\$35 Filing Fee \$\times \text{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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi	Address dment Section on of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

MA FL INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
Pamma 7238	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	lorida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corporation:	
NIA	The n
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA DIEC 6
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Reg	sistered Agent. if changing
Chart if applicable	

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, naddress 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; CEC Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Joh</u> i	n Doc	
X Remove	<u>v</u> <u>Mik</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Cheek One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Issa Toure	850 Copital Walk D
Add			APt. 9110
X Remove			Tallahasser, FL 32
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			122-17-2
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
- 	
·	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption date this document was signed.	tion:	, if other th
Effective date if applicable:		
Ellective nate il applicable:	(no more than 90 days after amendment file day	<u> </u>
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirement timent of State's records.	ats, this date will not be listed
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shared	nolder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the anient for approval.	aendment(s)
☐ The amendment(s) was/were approvement be separately provided for each	ed by the shareholders through voting groups. The follows h voting group entitled to vote separately on the amendme	ing statement nt(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
	(voting group)	
Dated 12/09	1/2020 P. F. 1	
selected, by	or, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, or iduciary by that fiduciary)	not been other court
	Ami Patel	
	(Typed or printed name of person signing)	
	(Title of person signing)	·