Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Cor		Z <sub>E</sub>	2021
	Fax Number	: (850)617-6380		
— From:			RETA AHAS	3
<b>-</b> ,	Account Name	: FASTKIT CORP	SS	
5	Account Number		m ~<	9
E	Phone	: (305)599-0839	ωÖ.	•
<u>a</u>	Fax Number	: (305)592-9591	$\sum_{j,j}$	3
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i			TATE ORID	••
1	st	- Son this husiness antity to be used for future	$\overline{O}$	0
Enter	the email address	s for this business entity to be used for future	$\Rightarrow$	0
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN CONTRACT EXPERT PTY CORP

Certificate of Status	0
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S. PRATHER

Articles of A	mendment	Ďö	2			
to Articles of Inc	nama nation	<u> </u>				
Articles of the		SE SE	9			
· <b>&gt;</b>		m <sub>O</sub>				
CONTRACT EXPERT PTY CORP		<del></del>	_=			
(Name of Corporation as currently filed with the Florida Dept. of State)						
P20000090025		ORIDE PRIDE	_=			
(Document Number o	f Corporation (if known)	خز	_			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	amendment(s	s) to			
A. If amending name, enter the new name of the corporation:						
		The new				
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	company," or "Incorporated" or the abbreviation A professional corporation name must contain "	"Corp.," the word				
B. Enter new principal office address, if applicable:	2090 W PRESERVE WAY					
(Principal office address MUST BE A STREET ADDRESS)	APT 303					
	MIRAMAR FLORIDA 33025					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2090 W PRESERVE WAY					
	APT 303					
	MIRAMAR FLORIDA 33025					
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address						
Name of New Registered Agent						
(Florida st	reet address)					
New Registered Office Address:	. Florida					
The state of the s	(City) (Zip Co	ide)				
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.					
Signature of New F	Registered Agent, if changing					
Check if applicable	/					

<sup>☐</sup> 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:

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,	Attent	١,	additional	shects.	iI	necessary)	
ı	71/11/11/11	٠,	Control of the	•	•		

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.

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 Janes. V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	<u>John Do</u>	2	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>pith</u>	
Type of Action	Title		Name	Address
(Check One)	٧Þ		DESSIREE RODRIGUEZ	2090 W PRESERVE WAY
1) Change				APT 303
X Add				MIRAMAR FLORIDA 33025
Remove				
2) Change		<u> </u>		
Add				
Remove Change				
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4) Change	-			
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mending or adding additional Ar ich additional sheets, if necessary).	(Be specific)			
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an amendment provides for an ex	change, reclassifies	tion, or cancellatio	n of issued shares.	
rovisions for implementing the a (if not applicable, indicate N/A)	mendment if not cor	ntained in the amer	oment itseii:	
(ij noi applicable, malcule NA)				
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The date of each amendment(s) adoption:	, if other the	an the	
date this document was signed.			
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 statutory filing requirements, this date will redocument's effective date on the Department of State's records.	iot be listed	as the	
Adaption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	harcholder		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.			
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):			
"The number of votes east for the amendment(s) was/were sufficient for approval	SECRI TALLAI	2021 OCT	
by	HASSE	6- ID	<u> </u>
Dated $\frac{30/9/21}{416000000000000000000000000000000000000$	Y OF ST	S PH I	Ü
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	TATE	<del></del>	
appointed fiduciary by that fiduciary)			
(Typed or printed name of person signing)			
- President			
(Title of person signing)			