P21000007935

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COVER LETTER

NAME OF CORPO	ORATION: Science-Rules, Inc		
		bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Clara Delgado Rosseli		
		Name of Contact Persor	
	SUB ROSA LAW PLLC		
	Name of Contact Person SUB ROSA LAW PLLC Firm/ Company 1600 Ponce de Leon Blvd., 10th Floor Address Coral Gables, FL 33134 City/ State and Zip Code cdr@subrosa.law E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: a Delgado Rossell at (786		
	1600 Ponce de Leon Blyd., I	Oth Floor	
		Address	
	Coral Gables, FL 33134		
		City/ State and Zip Code	 :
	cdr@subrosa.law		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Clara Delgado Ross	ell	at (863-2766
Namo	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
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			Intre of Tarianassee Monroe Street, Suite 810
Tallahassee, FL 32314		2415 0	v. ivionroe Street, Stiffe \$10

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2021 MAR -2 AH 10: 50

Science-Rules, Inc.		
(Name of Cor	rporation as currently	y filed with the Florida Dept. of State)
21000007935		
	(Document Number of	f Corporation (if known)
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this i	Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name o	f the corporation:	
NA		The new
ame must be distinguishable and contain the w Inc.," or Co.," or the designation "Corp," chartered," "professional association," or th	" "Inc." or "Co". A	company," or "incorporated" or the abbreviation "Corp.," 1. professional corporation name must contain the word
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		N A
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF). If amending the registered agent and/or in the second se	<u>CE BOX</u>) registered office addr	
new registered agent and/or the new regi		<u>i</u>
Name of New Registered Agent	NIA	
	(Florida stre	eel address)
New Registered Office Address:		City) , Florida (Zip Code)
ew Registered Agent's Signature, if changi hereby accept the appointment as registered a	ng Registered Agent: igent. I am familiar w	i with and accept the obligations of the position.
	Signature of Xine D	egistered Agent, if changing
	ingituate of New Re	жыстса адет, у спануну

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)

Example:

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>	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) X Change	CEO	William Massenburg	801 S Miami Avenue
Add			Apt. 3201
Remove			Miami, FL 33130
$\frac{X}{2}$ Change	P	Nicole Gouveia Wilmington	4501 Gulf Shore Blvd, N
Add			#902
Remove 3) Change	S	Stephany Greene	Naples, FL 34103 2840 West Bay Drive
Add			Suite 320
X Remove			Belleair Bluffs, FL 33770
4) Change	-		
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary). (Be specific)	
	N A	
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	<u>-</u> .	
_		
an amendment	provides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself:	
if not applic	ble, indicate N/A)	
	NA	
•		
 -		
		

DocuSign Envelope ID: 5E3565A9-324F-4B39-821B-34AC6BB3A757 The date of each amendment(s) adoption: _ ______, if other than 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 not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 cast for the amendment(s) was/were sufficient for approval 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 appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

(Title of person signing)