## P21000001908

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	p Filing Officer:
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## COVER LETTER

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TO: Amendment Section • Division of Corporations
NAME OF CORPORATION: Global Mass Inc
DOCUMENT NUMBER: P2100007968
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Monica Wright Name of Contact Person
Global Muss Inc
Firm/ Company
1794 Covington Lune Address
Floming Falund Fl 32003  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Monica Wright at (104) 226-3213  Name of Confact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Global Mass In	<u>C</u>
(Name of Corporation as currently	iled with the Florida Dept. of State)
P21000007968	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
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."	mpany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	المرابع المراب
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16 PH 3: 12
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	. Florida
Hew highstered Office Address.	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.

Signature of New 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:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; V = Vice President; T = Treasurer; S \neq Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Katronica Sund	us 1794 Covington June
Add			Fleming Islund, Fl 32003
X Remove			
2) Change	NP	Jared Rackley	775 Bustling Pines Blud
_X_ Add			Midwy F1 32343
Remove Change	DiR	Kutronica Sunders	1794 Covington lane
_ <b>X</b> _ Add			Fleminy Island fl 32003
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change	•		
Add			
Remove			
6) Change			Angel Control of the
Add			
Remove			

	sheets, if necess	sary). (Be sp	pecific)	here:		
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If an amendmen	t provides for :	in exchange,	reclassification	i, or cancellation	of issued shares,	
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provisions for i	t provides for : mplementing tl cable, indicate i	<u>he amendmen</u>	reclassification it if not contain	n, or cancellation ned in the amend	of issued shares, ment itself:	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after am	endment file date)
Note: It'the date inserted in this block does not meet the applicable statutory to document's effective date on the Department of State's records.	ifling 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 director action was not required.	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by Monsea Willy Lt (voting group)	"
Dated9116121	
Dated	
Signature	CC .
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a re-	s or officers have not been reiver, trustee, or other court
appointed fiduciary by that fiduciary)	
(Typed or printed name of person	
(Typed or printed name of person	signing)
President	
(Title of person signing)	