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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: THE JINNI INC.		
	BER: P21000010281		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	LOVETTE DOBSON		
		Name of Contact Person	
	INCFILE.COM LLC		
		Firm/ Company	
	17350 STATE HWY 249 ST	E 220	
	.	Address	
	HOUSTON, TX 77064		
		City/ State and Zip Code	2
	EFILE1234@INCFILE.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
To future intornation	on concerning this matter, pieu	J. (1)	
LOVETTE DOBSON	N	at () 462-3453
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

THE JINNI INC. <u> 2021 FEB 16 PM 4: 39</u> (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE P21000010281 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered 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 with and accept the obligations of the position. Signature of New Registered Agent, if changing Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

P = President; V = Vice Executive Officer; CFO = President, Treasurer, Di- Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	rector tite Presiden = Chief F rector wo I in the fo aves the c	le by the fi t; T= Tred inancial C ould be PT ollowing m corporatio	Officer. If an officer/director hold: D. anner. Currently John Doe is lis n, Sally Smith is named the V and	or; TR= Trustee; C = Chairman or Clerk; CEO = Chief s more than one title. list the first letter of each office held. ted as the PST and Mike Jones is listed as the V. There is A. These should be noted as John Doe, PT as a Change,
Example: X Change	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	P	_	RASHAWN VASS	1400 MORGAN STANLEY AVE
Add				UNIT 502
Remove				WINTER PARK, FL 32789
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		

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:

___ Add

____ Remove

ach additional sheets, if necessary,	rticles, enter change(). (Be specific)			
	• •			1
	-	 		
 		-		1
				
- -				
				
n amendment provides for an ex	change, reclassificati	on, or cancellation of	issued shares,	ľ
ovisions for implementing the an (if not applicable, indicate N/A)	nendment if not conta	ined in the amendmo	ent itself:	
				
				1
				
				}
				 i
				

• • •	\
The date of each amendment(s) adoption:, date this document was signed.	if other than the
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 document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sha action was not required.	reholder
☐ 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	
by	
(voting group)	
02/11/2021 Dated	
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)	
RASHAWN VASS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	-