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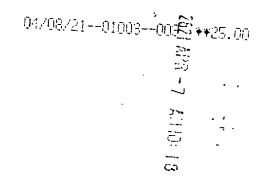
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CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: TANUR INC		
	ивек: P21000029832		
The enclosed Article	es of Amendment and fee are s	submitted for filing.	
Please return all cor	respondence concerning this m	natter to the following:	
	DENISE MORRILI.		
		Name of Contact Perso	on
	LIQUOR LICENSE PROFI	ESSIONALS	
		Firm/ Company	
	725 N MAGNOLIA AVE		
		Address	
	ORLANDO FL 32803		
		City/ State and Zip Coo	le
	deniase@liquorlicenseprofes	ssional.ccm	
	E-mail address: (to be u	sed for future annual repor	notification)
	on concerning this matter, plea	ise call;	
DENISE MORRILL		at (222-9668
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment

Articles of Incorporation 2621 APR -7 ATTIO

TANU R INC	•	, WITH 18
	ation as currently filed with the Floric	da Dept. of State)
P21000029832		ž
(Doc	cument Number of Corporation (if know	m)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corpora	ation adopts the following amendment(s) t
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	ic. Of to A professional energy	The new prated or the abbreviation "Corp.," ution name must contain the word
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A.	ble: DDRESS')	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>BOX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	tered office address in Florida, enter t ed office address:	he name of the
Name of New Registered Agent		
	(Fiorida street address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		, Florida_
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.	egistered Agent: . I am femiliar with and accept the oblig	gations 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) (c), 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 = 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	<u>12T</u>	<u>Iohn Due</u>	
X Remove	Y	Mike Jones	Ę.
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	PT	TAILABSINH DHIRUSINH RAJ	10550 BAYMEADOWS RD
Add			UNIT 425
Remove			JACKSONVILLE FL 32256
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

in amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)		*
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The date of each amendment(s) adoption:	202.	***	, if other than the
date this document was signed.	COLINDA -	7	, if other than the
Effective date if applicable:		7 AH 10: 18	
(no mor	re than 90 days after amendment fit	le date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	he applicable statutory filing requieccords.	rements, this date v	vill not be listed as the
Adoption of Amendment(s) (CHECK ON	<u>SE</u>)		
■ The amendment(s) was/were adopted by the incorpora action was not required.	atons, or board of directors without	shareholder action a	and shareholder
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ders. The number of votes east for	the amendment(s)	
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en	lders through voting groups. The fi titled to vote separately on the amo	ollowing statement endment(s):	
"The number of votes cast for the amendment(s)	was/were sufficient for approval		
by	"		
(voting group,)		
APRIL 7 2021 Dated			
Signature	<u>e</u>		
(By a director, president or of selected, by an incorporator - appointed fiduciary by that fi	ther officer – if directors or officers - if in the hands of a receiver, truste duciary)	s have not been see, or other court	
TAILABSINH DHIR	USINH RAJ		
(Typed or	printed name of person signing)		
PRESIDENT			
(Title of po	erson signing)	···	