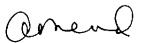
## P21 0000 60834

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(Address)
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(Business Entity Name)
(Document Number)
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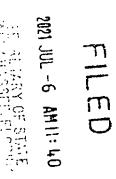
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: INSTAREMIT				
DOCUMENT NUM	BER: P21000060834				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	JONADAB UZOHO				
	Name of Contact Person				
	Firm/ Company				
	10514 SPRING HILL DRIVE				
	Address				
	SPRINGHILL, FL 24608				
		City/ State and Zip Code	<b>:</b>		
	BRICKSTONECPA@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
GEORGE OLUWAB	ORO	at ( <sup>202</sup>	_) 445-6440		
Name of Contact Person			le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:		
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amendi Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation οť

F	IL	E	$\bigcap$
2021 JUL .	۶-		

(Name of Corporation as currently filed with the Florida Dept. of State). INSTAREMIT, INC. P21000060834 (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: The new 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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) 10514 SPRINGHILL DRIVE, SPRINGHILL New Registered Office Address: (City) 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.

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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	GEORGE OLUWABORO	807 SHERWOOD DRIVE, NE
Add			BELOIT, WI 53511
_XRemove			
2) Change	P	LEO EGBUJIOBI	807 SHERWOOD DRIVE, NE
X Add			BELOIT, WI 53511
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change		_	
Add			<del></del>
Remove			

	additional Articles, s, if necessary). (Be	specific)			
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an amendment pro	vides for an exchange	<u>e, reclassificatio</u>	i, or cancellation	of issued share	<u>s,</u>
if not applicable	menting the amendm . indicate N/A)	em ii not comai	ned in the ameni	intent itsen.	
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		all X			
		NA			***
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		NIX			
		NIX			7 - 20

The date of each amendment(s date this document was signed.	) adoption:	, if other than the
	7/01/2021	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file t	date)
	(no more than 50 days after amenament fue t	uue)
<b>Note:</b> If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The foli for each voting group entitled to vote separately on the amend	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated	7/1/2021 10/4wason	
sele	a director, president or other officer – if directors or officers heted, by an incorporator – if in the hands of a receiver, trustee binted fiduciary by that fiduciary)	ave not been , or other court
	GEORGE OLUWABORO	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	