P2200056018

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COVER LETTER

TO: Amendment Section Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: Robbet S MATONIC

Name of Contact Person = HAVE OVER USA, THE
Firm Company

790 E Browned BLUD # FORT LAUDEROALE, FL 33301
City/State and Zip Code E-mail address: (to be used for future Innual report notification) For further information concerning this matter, please call: MATONIA at (954) 740-0403

erson Area Code & Daytime Telephone Number finclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filling Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & SS2.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy cnclosed) (Additional Copy

Malling Address

Antendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

is enclosed)

Articles of Amendment

Balls of the Other Articles of Incorporation HAL OVER USA TAC.

(Name of Corporation as currently filed with the Florida Dept. of State) P2200056018
(Document Number of Corporation (if known) Fursiant 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) 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

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:

A brach additional sheets, if necessary)

Example:

44 ___ Change

Add

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 = ChiefExecutive 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 John Doe PΙ X Remove Υ Mike Jones X Add <u>5V</u> Sally Smith Type of Action Title Name <u>Address</u> (Check One) 790 E BIOWARD BLYD 1) K Change TORT LAU POLONIE, FL 32801 Add Remove DM ITRII T5 713 SW 13TH AUDINE UNITAL 2) Change FORT LANDENDAGE 33312 ___ Add X Remove 3.1 Change _ _ Add ___ Remove ROBERT MATONIC 4) ___ Change FORT LAVOTAGE, FL 33301 X Add Remove Change ____ Add __ Remove

If amending or adding additional A Attach additional sheets, if necessary). (Be specific	·)				
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lf an amendment provides for an ex	change reciere	ification or co	maullation of i	sound abases		
provisions for implementing the ar	mendment if no	t contained in	the amendmen	stitualf-		
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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 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. [I] 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. [I] The amendment(s) was/were sufficient for approval.	
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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)	
Signature (By a director, prosident 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)	
ROBERT S WATONIE	
(Typed or printed name of person signing)	

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