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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Neko, Inc. America	nn	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Michael C. Sidwell		
		Name of Contact Persor	1
		Firm/ Company	
	5031 River Lake Road		
		Address	
	Winter Flaven, tl 33884		
		City/ State and Zip Code	
mike@	ggenesisput.com		
<del> </del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Michael Sidwell		_ at (	2879418
Name c	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

οf Neko, INC, American (Name of Corporation as currently filed with the Florida Dept. of State) P94000001807 (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: Sidwell Group, Inc. 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." 912 Roberts Road Unit 13 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) Haines City, Fl 33844 C. Enter new mailing address, if applicable: 912 Roberts Road Unit 13 (Mailing address MAY BE A POST OFFICE BOX) Haines City, Fl 33844 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: Michael C. Sidwell Name of New Registered Agent (Florida street address) 5031 River Lake Rd Haines City 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.

ure 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:

(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: <u>X</u> Change	<u>79</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	PST	Michael C. Sidwell	5031 River Lake Rd
Add			Winter Haven, FI 33884
Remove			
2) X Change	VP	Conne E Sidwell	5031 River Lake Rd
Add			Winter Haven, Fl 33884
Remove	VP	Neko I. Sidwell	609 Sweetbay Circle
3 ) Change Add		,	Winter Haven, Fl 33884
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

	additional Artics, if necessary).	(Be specific)				
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f an amendment prov provisions for implen	nunting the ame	ndment if not co	ntained in the am	endment itself:	<u></u>	
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The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wipartment of State's records.	Il not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
"he amendment(s) was/were ado oy the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	<u></u> ,	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
06/06/2018 Dated	•	
	MANAM	
Signature	rector president or other officer – if directors or officers have not been	<del></del>
selected	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Michael c. Sidwell	
	(Typed or printed name of person signing)	·· <del>····</del>
	President	
	(Title of person signing)	