P94000018533

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: HUrwit Enterprises, Inc.

DOCUMENT NUMBER: P94000018533 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Barry Hurwit
Name of Contact Person Hurwit Enterprises, Inc 1038 Sandalwood Lane Meston FL 33326
City/ State and Zip Code bhurwite bellsouth. net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954), 217-100

Area Code & Daytime Telephone Number Barry Hurwit Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐\$43.75 Filing Fee & S35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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91	PHIL
Hurwit Enter	rprises, inc
_	filed with the Florida Dept. of State)
P94000018	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> at the Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
Ν	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
Jean and the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	N/A
(Florida stree	et address)
New Registered Office Address:	Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
	N/A
Signature of New Reg	gistered 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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Sheryl Hurwit	1870 N. Corporate Lakes Blvd
Add			# 266616
Remove			Weston, FL 33326
2) Change	PTS	Barry Hurwit	1870 N. Corporate Lakes Blud
<u></u> ✓ Add			#266616
Remove Change			weston, FL 33326
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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ın amendment provid			ancallation of issue	d charac	
ovisions for impleme	nting the amendme	nt if not contained in	the amendment its	u snares, self:	
(if not applicable, in	dicate N/A)				
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		<u></u>			

The date of each amendment(s) addate this document was signed.	option: February 1, 20,	, if other than the
Effective date <u>if applicable</u> :	February 1, 202 (no more than 90 days after amendment	file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing rec	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	ut shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast	for the amendment(s) was/were sufficient for approva	ıl
by		,,, _,
	(voting group)	
Signature (By a di selected	rector, president or other officer – if directors or officel, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	
	Barry Hurwit (Typed of printed name of person signing)	
		l
	President	
	(Title of person signing)	