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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FLAME	S ENTEIPTIBL	e, INC
DOCUMENT NUMB	ation: <u>FLAMÉ</u> er: <u>P98000</u>	059455	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Phur E	Goss, Ir, ES	hyhway PMB Ift
	•	Name of Contact Perso	n
	1/71	S. Dixie A	hyhist PMB IST
_		Firm/ Company	
-	(0 (A7	Address	Pt. 33146
_	COITIE	City/ State and Zip Cod	
	E-mail address: (to be us	sed for future annual report	t notification)
For further information	concerning this matter, pleas	se call:	
Phus	E. Goss, VI. E.	SQ at 786	ode & Daytime Telephone Number
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	□\$43.75 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)
	ng Address	Street	Address
Amendment Section		Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Artic	cles of Incorporation
Fl AME	S ENTERPRISE TING.
	s currently filed with the Florida Dept. of State)
Pa	Lacon Carri
(Document)	Number of Corporation (if known)
(12) Culticity	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "L word "chartered," "professional association," or the abbr	vorporation," "company," or "incorporated" or the abbreviation Inc." or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>\(\S \) \</u>
	-
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered o	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	
	Florida street address)
March Server LOSS - 111	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ed 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
.ngnatare	ing over regional engine, 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: X Change	<u>PT</u> <u>John</u>	<u>1)0e</u>	
X Remove	<u>V</u> <u>Miķe</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	LLAMAS, ONIMBO SR.	3740 SW1 STSWAT MIAM F1.33134
${X}$ Add			MIAm H. 33134
2) Change Add	STD	LLAMAS, ONLANDO BR.	3740 JW 1 SKEET MIANI F1.33134
Remove 3) Change Add	PD	LLAMAS, OKLADO, ST.	3740 SW /ST SXEET MIANI F1. 33134
Remove 4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			

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			 .		
f an amendment provides for ar	n exchange, recla	ssification, or can	cellation of issued	shares,	
provisions for implementing the (if not applicable, indicate N	<u>e amendment if n</u> %4)	<u>iot contained in th</u>	<u>e amendment itsel</u>	<u>[:</u>	
,,					
				<u></u>	

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(fficient for approval.	s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statems each voting group entitled to vote separately on the amendment(s):	ent
	for the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and sharehold	er
action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	4 5,2017	
Signature 🗶	95,2017 02/as	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other coulded fiduciary by that fiduciary)	ri
	(Typed or printed name of person signing)	
	Former President Billion: Cultest SEC (Title of person signing) Transview	reinty,
	(Title of person signing) TroAsure	: EDITEUDI