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(Re	equestor's Name)	
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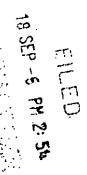
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COVER LETTER

TO: Amendment Section

Division of Corporations
OCUMENT NUMBER: P9900012361
e enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
Name of Contact Person Covington, Ligari P.A. Firm/ Company 211 N. 15th Slovet Address Tamper FL 3360-9 City/ State and Zip Code City/ State and Zip Code
r further information concerning this matter, please call:
VITSINIA CHINATOR at (813) 289 6268 Name of Contact Person Area Code & Daytime Telephone Number
closed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certified Copy Certificate of Status (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation 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)	- 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 2 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	the
Name of New Registered Agent ViR GINIA COVINGTON 2111 N. 154 St. Tax 3360	 S
(Florida street address)	
New Registered Office Address: , Flor (City)	rida (Zip Code)
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	he 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:

(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>Jol</u>	h <u>n Doe</u>	
X Remove	<u>V</u> <u>M</u> j	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Carlos Stevenson	
Add			Janpa FL 336/1
Remove	_	\wedge	
2) Change Add	1	Cyrtha Stevenson	2715 Chambray LN. Janua FL 3361
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attacl	h additional she	ng additional Ar ets, if necessary).	(Be specific)	and the same of th		
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If an :	amendment pr	ovides for an exc	hange, reclassifi	cation, or cancell	ation of issued sh	ares,
prov	isions for impl	ementing the am	endment if not c	ontained in the a	mendment itself:	
,	ц погаррисаві	le, indicate N/A)				
		<u> </u>				
			<u> </u>		, 	
		-				
		<u></u>		·		

The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendm by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehaction was not required.	oolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	т
Dated 8/20/18	
Signature milia Stevened	
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other	court
appointed fiduciary by that fiduciary)	
Cyrtha Steverson	
(Typed or printed name of person signing)	
P	
(Title of person signing)	
(1111 01 1/213011 31511115)	