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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: My	LANNAS AL	utiques, INC
DOCUMENT NUMBI	ER: V 798	22	,
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:	
-	Shar	ON OCR MA CONTROL Person	1'NP
_	My N.	ANNA: ANT	iger, INC.
_	JOO MA	Firm/Company	#//4
-	ALTAMON	Address City/ State and Zip Cod	FL 32701
	SEGERM E-mail address: (to be us	Sed for future annual report	CfL. RR, COM
For further information	concerning this matter, pleas	se call:	
Sh ARON Name of	Contact Person	at (<u>'46')</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department 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)
Maili	ng Address	Street	Address

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

FILED

to
Articles of Incorporation
of

Of A.	ZUIB AUG 14 AM II: 14
My NANNAS ANTIO	MET & TAKEDÉTAGY OF STATE
(Name of Corporation as current	ly filed with the Florida Project Sinks SEE, FL
V 19822	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this	Floride Profit Composition adopts the following amondment(s) to
its Articles of Incorporation:	E tortula E roju Corportation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SAME NAME	The new
name must be distinguishable and contain the word "corporatio	on," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	
word chartered, projessional association, or the aboreviation	1. 0. 0
B. Enter new principal office address, if applicable;	200 MAITIAND AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	200 MAI HAND AVE *// ALTAMONTE Springs, FL 32.
	2364//
	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office adds	
new registered agent and/or the new registered office address	ii.
Name of New Registered Agent Ohn ()	ernoine
_ 200 MAI	HAND AVE #114
(Florida str	reet address)
New Registered Office Address: A L. + AMonte	Shawer Florida 3270/
	(Clty) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent / I am familiar v	
/ //	
/ N/ ,	
Signature of New K	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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	lones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PD	MARKS. Metts	200 MAitland Ave
Add Remove			Altalmote Springe, FL 3270
2) Change	PD	Sharon E. Germaine	200 MAIHA-DAVE #114
Remove			ALTAMONTO Springs, FC 322
3) Change	***************************************		
Remove			
4) Change	<u></u>		
Add Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Mr. Metts passed Away. Sharon Obrasine is the personal Depoesentative,
Executor or I vew speriolent of the
Colipany, All Shares and dutres
ARE NOW UNDER STARON CEMAINE
Documents: Dorth Contidicate, Letter of
Admire-tration Order Admitting will
Attached.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
Shares of CURPORATION Stated to be
100 @ \$1/ pach have not been
hocated & believe to be non existent
MOCHEG A DELINE TO BE 10070 EXPIRA
OUNIAINE & to be Reissund.
Celliaine & to be Reissund.
_

The date of each amendment(s) adoption:date this document was signed.		, if other than the
8 6	8-13	
(n	no more than 90 days after amena	lment file date)
Note: If the date inserted in this block does not r document's effective date on the Department of Sta		ng requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHEC</u>	K ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for appr	reholders. The number of votes c roval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro		
"The number of votes cast for the amendm	nent(s) was/were sufficient for app	proval
by	(group)	·
(voung	group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopted by the inco- action was not required.	•	
Dated	2-18	
Signature (h.W.C.7)	Hermalin W	
(By a director, presider	nt or other officer - if directors or	officers have not been
	orator - if in the hands of a receive	er, trustee, or other court
appointed fiduciary by	that fiduciary)	
<u>S</u> }	IARON GOMA	+iNC
(Fyl	ped or printed name of person sig	лing)
Fresi	dut, PR	
	(Title of person signing)	