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(Re	questor's Name)	······································
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpo	prations		
NAME OF CORPOR	RATION: MULTIACTION,	INC	
DOCUMENT NUMI	D04000151996		-
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	YADIRA POSSO		
		Name of Contact Person	n
	MULTIACTION, INC		
		Firm/ Company	
	100 LAKEVIEW DR #104		
	·····	Address	
	WESTON FL. 33326		
		City/ State and Zip Cod	c
multiz	actionine@gmail.com		
		sed for future annual report	notification)
		•	
For further information	n concerning this matter, pleas	se call:	
YADIRA POSSO		at (754	214-3762 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment 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)
Ame Divi P.O.	ing Address Indinent Section Ission of Corporations Box 6327 Ithassee, Fl. 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

MULTIACTION, INC			
(Name of Corpor	ation as currently filed with	the Florida Dept. of State)	
P04000151886			
(Doc	cument Number of Corporation	n (if known)	
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Proj</i>	fit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			Th
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A pro	ny," or "incorporated" or to fessional corporation name n	The new he abbreviation nust contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		2010 HOW 19 PH
D. If amending the registered agent and/or registered new registered agent and/or the new registered.	tered office address in Florid ed office address:	da, enter the name of the	PH 3: 26
Name of New Registered Agent			
	(Florida street address)		·
New Registered Office Address:		, Florida	
	(City)		Zip Coder
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: I am familiar with and acce	pt the obligations of the positi	on.
Sic	enature of New Registered Age	ent 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>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	HERNAN PERILLA	14420 NW 5th AVE Miami,
X Add			FL. 33168
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). /Be specific)
Sales of shares:
Sales of shares:
YADIRA POSSO 50%
HERNAN PERILLA 50%
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)
N/A

The date of each amendment	OCTOBER 1, 2018 (s) adoption:	, if other th
date this document was signed.		
Effective date if applicable:	OCTOBER 1, 2018	
Meetive date in applicable.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date to Department of State's records.	will not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
10/01/ Dated Signature	Ladira Tossa	
्रा इ	y a director president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	YADIRA POSSO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	