

P16000067569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

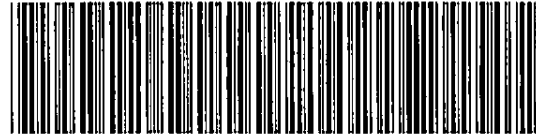
(Business Entity Name)

(Document Number)

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NOV 21 2017  
S. YOUNG

SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

17 NOV 21 AM 2:50

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2017

GUSTAVO A ALARCON  
1501 VENERA AVENUE #200  
CORAL GABLES, FL 33146

SUBJECT: HYUNDAI MOBILE CORP  
Ref. Number: P16000067569

We have received your document for HYUNDAI MOBILE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 117A00020960

RECEIVED  
17 NOV 21 PM 2:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HYUNDAI MOBILE CORP

DOCUMENT NUMBER: P16000067569

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAW A. ALARCON

Name of Contact Person

Firm/Company

1501 VENERA AVE #200

Address

CORAL GABLES, FL 33146

City, State and Zip Code

GALARCON@HYUNDAIMOBILE.COM.CO

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call.

CATALINA ZORRILLA, CPA at (205) 669-4383

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

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

Street Address  
Amendment Section  
Division of Corporations  
Chifon Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

HYUNDAI MOBILE CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000067509

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

H MOBILE CORP.

The new name must be distinguishable and contain the word "corporation," "company" or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the 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)

1501 VENERA AVENUE,  
SUITE 200  
CORAL GABLES, FL 33146

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

1501 VENERA AVENUE,  
SUITE 200  
CORAL GABLES, FL 33146

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(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 position

Signature of New Registered Agent, if changing

STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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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 P/T 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:

Change                      P/T      John Doe

Remove                        V        Mike Jones

Add                              SV       Sally Smith

Type of Action (Check One)	Title	Name	Address
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1)  Change                      \_\_\_\_\_

Add

Remove

2)  Change                      \_\_\_\_\_

Add

Remove

3)  Change                      \_\_\_\_\_

Add

Remove

4)  Change                      \_\_\_\_\_

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)*

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**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)*

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The date of each amendment(s) adoption: 01/12/2017  
date this document was signed.

, if other than the

Effective date if applicable: \_\_\_\_\_  
*(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/24/2017

Signature 

(By a director, president or other officer if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

GUSTAVO A. ALARCON  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)