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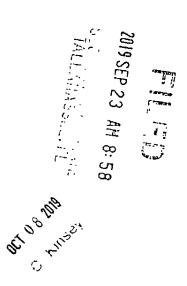
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MMRF INVESTM	MENT PROPERTIES INC		
DOCUMENT NUMI	P19000042670			
The enclosed Articles	of Amendment and fee are su	thmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	JOSE THOMAS			
	<u> </u>	Name of Contact Perso	n	
	THOMAS & COMPANY C			
		Firm/ Company	 	
9710 STIRLING ROAD, SUITE 101				
	Address			
	COOPER CITY, FLORIDA	33024		
		City/ State and Zip Cod	C	
JOSE	CPA@JTTCPA.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
JOSE THOMAS		954 at (de & Daytime Telephone Number	
Name (of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Issox 6327 Issassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Cornoration as currently	filed with the Florida Dept. of State)			
P19000042670	med with the Piorida Dept. of State)			
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006 . Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the follow	zing am	endmer	nt(s) to
A. If amending name, enter the new name of the corporation:				
MMFR INVESTMENT PROPERTIES INC		The	пет	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Cword "chartered," "professional association," or the abbreviation "P	σ". A professional corporation name mic	uhhra	riestiem.	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Sct.	2019	
		EA AS	SEP 23 1	Es Carrier
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the		H 8: 5	ل د را ۱۳ تا ۱۳ افزور ۱۳
Name of New Registered Agent			ထ	
		_		
(Florida street	t address)			
New Registered Office Address:	, Florida	r Code)		
	· · ·	COM		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	h and accept the obligations of the position.	,		
Signature of New Reg	istered 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO \simeq Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
				
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<u> </u>				
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	-	- -		
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification ndment if not contain	i, or cancellation (red in the amenda	of issued shares, nent itself:	
(if not applicable, indicate N/A)				
			- -	
		,		
				
				<u> </u>

	SEPTEMBER 9, 2019	
	(s) adoption:	, if other than t
date this document was signed		
Effective date if applicable:	SEPTEMBER 9, 2019	
Effective date it applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date wine Department of State's records.	ll not be listed as i
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad 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)	
•	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated	EPTEMBER 9, 2019	
se	by a director president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	MANUEL J FERRER CARDENAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	