# P19000068722

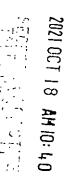
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Certified Copies	Certificates	of Status		
Special Instructions to I	Filing Officer:			

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_ THUNDERNET USA CORP P19000068722 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AMAL K NEMER IRCHED Name of Contact Person Firm/ Company 50 BISCAYNE BLVD APT 3511 Address **MIAMI, FL 33132** City/ State and Zip Code ALL.FLORIDACCOUNTING7@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786 ) 282-3226
Area Code & Daytime Telephone Number AMAL K NEMER IRCHED Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■S52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

#### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

THUNDERNET USA CORP

(Name of Corporation as cu	urrently filed with the Floric	la Dept. of State)		
P19000068722				
(Document Nu	imber of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corpor</i> d	ation adopts the follo	wing amendm	nent(s) t
A. If amending name, enter the new name of the corporat	tion:			
name must be distinguishable and contain the word "corporati" Inc., " or Co., " or the designation "Corp." "Inc.," or "C "chartered." "professional association," or the abbreviation	Co". A professional corpora			•
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	)			
		<u> </u>	021 OC	דד
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- 8 - 8	
D. If amending the registered agent and/or registered office	ce address in Florida, enter t	the name of the	<u>.</u>	9
new registered agent and/or the new registered office a				
Name of New Registered Agent	·	<del></del>		
(Flo	orida street address)	<del> </del>	<del></del>	
New Registered Office Address:		Florida		
	(City)		Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		igations of the positic	m.	
Signature of	New Registered Agent, if char	nging		
Check if applicable				

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

<u>PT</u>	John Doe	
V	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
VP	ATEF NEMER	50 BISCAYNE BLVD APT 5310
		MIAMI, FL 33132
MG	IOSE DOMINGO	50 BISCAYNE BLVD APT 5310
		MIAMI, FL 33132
	<u> </u>	
		gg-mmg
		***************************************
	V SV Title	V Mike Jones   SV Sally Smith   Title Name   VP ATEF NEMER

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)		or adding additional A ional sheets, if necessary	), (Be specific)			
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:						
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	f an ameno	ment provides for an e	xchange, reclassif	ication, or cance	llation of issued sh	iares,
(if not applicable, indicate N/A)	provisions	for implementing the a	mendment if not	contained in the	amendment itself:	
	(if not	ipplicable, indicate N/A)				
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The date of each amendment(s) ac	loption:	, if other thar
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requiren partment of State's records.	nents, this date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the flicient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amendates	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
<u></u>	med News	
selected	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	ve not been or other court
	AMAL K NEMER IRCHED	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	

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