N18000010434

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COVER LETTER

TO: Amendment Section Division of Corporations

ORLANDO BOONAME OF CORPORATION:	DM INC.
N18000010434	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
ONTAVIUS MCCULLOUGH	
	(Name of Contact Person)
ORLANDO BOOM INC.	
	(Firm/ Company)
891 E. STATE ROAD 434	
	(Address)
LONGWOOD , FL 32750	
	(City/ State and Zip Code)
INFO@THEORLANDOBOOM.COM	;
E-mail address: (to be i	used for future annual report notification)
For further information concerning this matter, ple	rase call:
ONTAVIUS MCCULLOUGH	407-753-4384
(Name of Contact Per	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee □S43.75 Filing Fee Certificate of State	Let Label La
Mailing 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 to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the followamendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "he "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Boom Inc.	Wit Oxlando
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B. Enter new principal office address, if applicable:	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."	
		Compan; or Co. may not be used in the name.
		B. <u>Enter new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AL</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N A	v) NA	
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:		new registered agent and/or the new registere
Name of New Registered Agent: N Pr	N/A	Name of New Registered Agent:
(Florida street address)	(Florida street address)	
New Registered Office Address:		New Registered Office Address:
, Florida	, Florida	
(City) (Zip Code)	(City) (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	Signature of New Registered Agent if changing	_

5.

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 X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	JASMYNE MCCULLOUGH	891 E. STATE ROAD 434
Add			LONGWOOD, FL 32750
X 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 Art (attach additional sheets, if necessary).	(Be specific)				
NIA					
					
					
			<u> </u>		
					
					
				_	
<u></u>					

ľho	e date of each amendment(s) adoption:	, if other than the
late	e this document was signed.	
	OCTOBER 5, 2019	
Effi	ective date <u>if applicable</u> : too more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will neument's effective date on the Department of State's records.	ot be listed as the
4d	option of Amendment(s) (CHECK ONE)	
8	The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	OCTOBER 5, 2019 Dated	
	Signature Detail 1/ Cullan	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	ONTAVIUS MCCULLOUGH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	