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COVER LETTER

TO: Amendment Section Division of Corporations	
MIAMI PHENOMS PRIME CORP NAME OF CORPORATION:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MICHAEL VERGARA	
(Name of Contact Person)	
MIAMI PHENOMS PRIME CORP	
(Firm/ Company)	
15380 SW 144 AVE	
(Address)	
MIAMI, FLORIDA 33177	
(City/ State and Zip Code)	•
Uergapa33186@gwapL.com. 577	
For further information concerning this matter, please call:	
$1000 \times 1000 \times $	
(Name of Contact Person) (Area Code) (Daytime Telephone Number) (Area Code)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\Bigcup \text{\$\subseteq}	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

*Street Address Amendment Section Division of Corporations Clifton Building

Enclosed)

Articles of Amendment to Articles of Incorporation of

HAMI PHENOMS PRIME CORP		
	currently filed with the Florida Dept. of State)	
18000012201	arrenty fied with the Florida Dept. of State)	
(Document	Number of Corporation (if known)	
	·	
rsuant to the provisions of section 617,1006, Florida 3 nendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the fo	ollowing
If amending name, enter the new name of the cor	poration:	
	;	The new
ime must be distinguishable and contain the word "co Company" or "Co." may not be used in the name	prporation" or "incorporated" or the abbreviation "Corp." or	"Inc."
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDE</u>	RESS)	
. Enter new mailing address, if applicable:		
. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>	·)	
	<i>-</i>	
	···	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>		43 S E
(Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registere	d office address in Florida, enter the name of the	19 SEP 20
(Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registere new registered agent and/or the new registered of	d office address in Florida, enter the name of the	SEP 20
(Mailing address MAY BE A POST OFFICE BOX	d office address in Florida, enter the name of the	SEP 20 LH
(Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registere new registered agent and/or the new registered of	d office address in Florida, enter the name of the	SEP 20
(Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registere new registered agent and/or the new registered of New Registered Agent:	d office address in Florida, enter the name of the	SEP 20 LH
(Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registere new registered agent and/or the new registered of	ed office address in Florida, enter the name of the ffice address:	SEP 20 LH
. If amending the registered agent and/or registere new registered agent and/or the new registered of New Registered Agent:	ed office address in Florida, enter the name of the ffice address:	SEP 20 LH

Signature of New Registered 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:

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

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: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	<u>P</u>	CESAR CANTOS	10711 SW 104 ST MIAMI FL 33176
2) Change Add Remove Add Add Add Add Add Add	PT	MICHAEL VERGARA	15380 SW 144 AVE MIAMI FL 33177
4) Change Add Remove Add Remove Add Remove 6) Change Change			
Add			

amending or adding additional Arti tach additional sheets, if necessary).	(Re specific)	(s) nere:		
rach daditional sheets, if hecessary).	the specific)			
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	09/01/2019	· e . () (
The date of each amendment(s) addate this document was signed.	option:	, if other than the
•	/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment.	t(s)
There are no members or membadopted by the board of directo	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	e
Dated	9/1/19	
Signature	enefection	
have not bee	man or vice chairman of the board, president or other officer-if directo en selected, by an incorporator – if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary)	
MICHAE	EL VERGARA	
	(Typed or printed name of person signing)	_
PRESIDE	ENT/TREASURER	
-	(Title of person signing)	_