P03000030330

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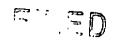
JUL 1 2 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FIAMAREX COR	P.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CLAUDIA FIALLOS		
- !	FIAMAREX CORP.	Name of Contact Perso	n
-		Firm/ Company	
	1613 NW 102ND WAY	• •	
-		Address	
•	CORAL SPRINGS, FL 3307	1	
_		City/ State and Zip Cod	c
fiacara	l@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, pleas		107 0.74
CLAUDIA FIALLOS		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



FIAMAREX CORP. 2019 JUL - 1 PH L
(Name of Corporation as currently filed with the Florida Dept. of State)
P03000030330
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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: Florida (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

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	<u>PT</u>	John De	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change	P	_	CLAUDIA FIALLOS	1613 NW 102ND WAY		
X Add				CORAL SPRINGS,FL. 33071		
Remove						
2) Change	sv		CAROLINA FIALLOS	1613 NW 102ND WAY		
Add				CORAL SPRINGS,FL.33071		
X Remove						
3) Change	<u>.</u>	_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add		_				
Remove						
0 6						
6) Change		_				
Add						
Damoura						

	ts, if necessary).	(Be specific)			
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f an amendment pro provisions for imple (if not applicable	menting the amer	ange, reclassifica idment if not con	tion, or cancellation tained in the amer	n of issued shares, dment itself:	
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f an amendment proprovisions for imple (if not applicable	menting the amer	ange, reclassifica ndment if not con	tion, or cancellation the amer	n of issued shares, dment itself:	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	will not be listed as the
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.	
06/19/2019	
Signature COCCOCO Signature	
(By a director, president or other officer ¼ 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)	-
CLAUDIA FIALLOS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	