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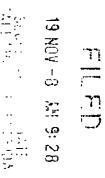
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PICK-UP	☐ WAIT	MAIL
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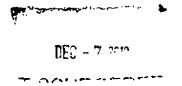
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: SIMON MOTION CORP. DOCUMENT NUMBER: P04000156243 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SAIMONTON LOPES Name of Contact Person SIMON MOTION CORP. Firm/ Company 6800 NW 39 AVE, #121 Address COCONUT CREEK, FL 33073 City/ State and Zip Code LMSL25@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUCIOLLA MARTINS 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 & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SIMON MOTION CORP.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P04000156243	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corr	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
	i é m
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	28
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the file address;
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept the obligations of the position.
, , ,	- ·,-·····
Signati	ure 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.

X Change	PT Joh	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	LUCIOLLA MARTINS	6800 NW 39 AVE. #121
X Add			COCONUT CREEK, FL 33073
Remove			
2) Change			9 NO
Add			
Remove			____
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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ttach additional sheets, if necessary). (Be specific)	
	
	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares	
rovisions for implementing the amendment if not contained in the amendment itself:	
an amendment provides for an exchange, reclassification, or cancellation of issued shares rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	• · · · · · · · · · · · · · · · · · · ·
rovisions for implementing the amendment if not contained in the amendment itself:	225
rovisions for implementing the amendment if not contained in the amendment itself:	17. 17. 18.3 -

	11/05/2019	
The date of each amendment(s) adopt date this document was signed.	otion:	, if other tha
11/05/2	2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this date will northment of State's records.	ot be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
	the amendment(s) was/were sufficient for approval	19
by	(voting group)	19 NOV
	(voting group)	1
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	O []
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	9: 28
11/05/2019 Dated		
Signature		
selected, b	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
SA	AIMONTON LOPES	
_	(Typed or printed name of person signing)	
PR	RESIDENT	
_	(Title of person signing)	