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## **COVER LETTER**

TO: Amendment Section Division of Corporations	<b>.</b> .					
NAME OF CORPORATION: SMM Copp	er Development, Inc.					
DOCUMENT NUMBER: P0500010185						
The enclosed Articles of Amendment and fee	e are submitted for filing.					
Please return all correspondence concerning	this matter to the following:					
MUHAMMAD NADI	ЕЕМ					
	Name of Contact Person					
<u></u>	Firm/ Company					
2900 N UNIVERSITY	7 DR. STE.#41					
	Address					
CORAL SPRINGS, F	L 33065					
	City/ State and Zip Code					
huif10316@gmail.com	ı					
E-mail address: (t	to be used for future annual report notification)					
For further information concerning this matte	r, please call:					
MUHAMMAD NADEEM	at (954 ) 513-5526					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount	made payable to the Florida Department of State:					
\$35 Filing Fee \$43.75 Filing F Certificate of St						
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

SMM Copper Development, Inc.

(Name of Corporation as currently f	iled with the Florida Dept. of State)	
P0500010185		
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Articles of Incorporation:	orida Profit Corporation adopts the follow	ving amendment(s)
a. If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporation," "con Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviorofessional corporation name must con	ution "Corp.,"
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		
. Enter new mailing address, if applicable:		2020
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	(=)
•		
		uni uni uni uni uni uni
<ul> <li>If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:</li> </ul>	s in Florida, enter the name of the	1: 2
		Ö
Name of New Registered Agent		<del></del> .
(Florida street		
(Fiornia street	aaaress)	
New Registered Office Address: (Ci	rd Florida	ip Code)
	··/	y control
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position	n.
Signature of New Regi	stered Agent, if changing	
heck if applicable	· · · · · · · · · · · · · · · · · · ·	

☐ 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.

X Change	<u>LL</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
i) Change	P	_	IIINA MIAN	2900 N UNIVERSITY DR. #41
Add X Remove				CORAL SPRINGS, FL 33065
2) Change	p ———	_	YASMIN MIAN	2900 N UNIVERSITY DR. #41
X Add				CORAL SPRINGS, FL 33065
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				<del> </del>
Remove				· · · · · · · · · · · · · · · · · · ·
5) Change		_		<del></del>
Add				<u> </u>
Remove				<del></del>
6) Change		_		<del></del>
Add				
Damaua				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	<del></del>
	<del></del>
<del> </del>	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	enument if not contained in the amendment usen.

. .

The date of each amendment(s	) adoption: _	06/08/2020	, if other than the
date this document was signed.		0.1.0.1	
Effective date <u>if applicable</u> :	0	8/08/ <b>3</b> 0 <b>30</b>	
		8/08/3020 (no more than 90 days after amendment	file date)
Note: If the date inserted in thi document's effective date on the			quirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>C</u>	HECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by th	e incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were		e shareholders. The number of votes east for approval.	or the amendment(s)
• •	• •	he shareholders through voting groups. This group entitled to vote separately on the a	•
"The number of votes c	ast for the am	endment(s) was/were sufficient for approva	ıl
by		oting group)	
	(ve	oting group)	
Dated 8	8   2020	ian	
Cianatum	Anni M		
Signature	director, pre	sident or other officer – if directors or offic	ers have not been
sele	eted, by an in-	corporator – if in the hands of a receiver, tru ry by that fiduciary)	
	AROOJ N	IIAN	
		(Typed or printed name of person signing)	
	DIRECTO	)R	
		(Title of person signing)	