## P1000000 8055

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |





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J. FASON JUN 3 0 2021 9091 Fily 21 Pil 3: 10

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORP  | ORATION: IMETAL COMPA                       | NY   |   |
|---|---|--|---|
| DOCUMENT NU   | MBER: P10000008055                          |  |   |
|   | es of Amendment and fee are su              | bmitted for filing.  |   |
| Please return all cor   | respondence concerning this ma              | tter to the following:   |   |
|   | ROBERTO DE LEO                              |  |   |
|   | IMETAL COMPANY                              | Name of Contact Persor   | )   |
|   |   | Firm/ Company  |   |
|   | 8230 SW 62ND COURT                          |  |   |
|   | <del></del>                                 | Address  |   |
|   | MIAMI, FL 33143                             |  |   |
|   |   | City/ State and Zip Code   | 2   |
|   | ROBERTODELEO@GMAN                           | L.COM  |   |
|   | E-mail address: (to be us                   | sed for future annual report                                       | notification)   |
| For further informa   | tion concerning this matter, plea           | se call:   |   |
| ROBERTO DE LE   | О   | at ( 305   | 915 2107  |
| Name of Contact Person  |   | Area Code & Daytime Telephone Number                               |   |
| Enclosed is a check   | for the following amount made               | payable to the Florida Depa  | urtment of State:   |
| ■ \$35 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 |   | Amend<br>Divisio<br>The C  | Address<br>Iment Section<br>on of Corporations<br>entre of Tallahassee<br>N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| IMETAL COMPANY  |  |               |
|---|--|---------------|
| (Name of Corporation as current)  | y filed with the Florida Dept. of State)   |               |
| P10000008055  |  |               |
| (Document Number of   | f Corporation (if known)   |               |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:  | Florida Profit Corporation adopts the following am   | endment(s) to |
| A. If amending name, enter the new name of the corporation:   |  |               |
| N/A   | Thu  | new           |
| name must be distinguishable and contain the word "corporation," "e<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"chartered," "professional association," or the abbreviation "P.A."   | company, "or "incorporated" or the abbreviation "C<br>A professional corporation name must contain the | lorp., "      |
| B. Enter new principal office address, if applicable:   | N/A  |               |
| (Principal office address MUST BE A STREET ADDRESS)   |  |               |
|   |  |               |
|   |  | <del></del>   |
| C. Enter new mailing address, if applicable:  | N/A  |               |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | <del></del>   |
|   |  |               |
|   |  |               |
| and the second office and define and | were in Florida, anter the name of the   |               |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address  |  |               |
| N/A   |  |               |
| Name of New Registered Agent  |  |               |
| (Florida str  | eet address)   |               |
| N/A   |  |               |
| New Registered Office Address:  | (City), Florida (Zip Code)   |               |
|   | , ,  |               |
|   |  |               |
| New Registered Agent's Signature, if changing Registered Agent  |  |               |
| I hereby accept the appointment as registered agent. I am familiar s  |  |               |
|   | 2021   |               |
|   | eren<br>Eren<br>Eren   |               |
| Signature of New R  | registered Agent, if changing  |               |
| Check if applicable   | <u></u>  |               |
| ■ The amendment(s) is/are being filed pursuant to s. 607,0120 (11)  | (c), F.S. — မ  | ند<br>ند      |
|   |  | _             |

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                   | <u>PT</u>                | John Doc         |                    |
|----------------------------|--------------------------|------------------|--------------------|
| X Remove                   | $\underline{\mathbf{V}}$ | Mike Jones       |                    |
| X Add                      | <u>sv</u>                | Sally Smith      |                    |
| Type of Action (Check One) | Title                    | <u>Name</u>      | Address            |
| 1) Change                  | D                        | FERNANDO JIMENEZ | 19360 SW 188TH ST. |
| X Add                      |                          |                  | MIAMI, FL 33185    |
| Remove                     |                          |                  |                    |
| 2) Change                  |                          | <u> </u>         |                    |
| Add                        |                          |                  |                    |
| Remove 3 ) Change          |                          |                  |                    |
| Add                        |                          |                  |                    |
| Remove                     |                          |                  |                    |
| 4) Change                  |                          |                  |                    |
| Add                        |                          |                  |                    |
| Remove                     |                          |                  |                    |
| 5) Change                  |                          |                  |                    |
| Add                        |                          |                  |                    |
| Remove                     |                          |                  |                    |
| 6) Change                  |                          |                  |                    |
| Add                        |                          |                  | <del></del>        |
| Remove                     |                          |                  |                    |

| E. <u>If ame</u><br>(Attacl | ending or adding additional Articles, enter change(s) here:  additional sheets, if necessary). (Be specific)   |
|-----------------------------|--|
| N/A                         |  |
|                             |  |
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|                             |  |
| prov                        | amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A) |
| I/A<br><del>-</del> —       |  |
|                             |  |
| <u> </u>                    |  |
| <del></del>                 |  |
|                             |  |
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| The date of each amendment(s) adoption:  | , if other than the       |
|--|---------------------------|
| date this document was signed.   |                           |
| Effective date if applicable:  | · <del></del>             |
| (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 incorporators, or board of directors without shareholder action action was not required.  | and shareholder           |
| The amendment(s) was/were adopted by the shareholders. The number of votes east 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  | 20                        |
| bv 100° o  | 2021 HAY 21               |
| (voting group)   | <b>₹</b>                  |
|  | 2                         |
| MARCH 30TH, 2021 Dated   |                           |
|  | <u> </u>                  |
| Signature  |                           |
| (By a director, president or other officer – if directors or officers have not been  | 0                         |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |                           |
|  |                           |
| ROBERTO DE LEO   |                           |
| (Typed or printed name of person signing)  |                           |
| PRESIDENT  |                           |
|  |                           |

(Title of person signing)

MACH 30TH, 2021

STATE OF TZURIDACOUNTY OF DADE

3/30/2021

Notary Public State of Florida
Katerina Velikoponski
My Corriffnission GD 282204
Expires 01/04/2021