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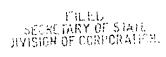
TO: Amendment Section

Division of Corporations

NEW THUNDER GROUP INC 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: Jhon F. Cruz Name of Contact Person **NEW THUNDER GROUP INC** Firm/ Company 1325 RASPBERRY CT Address CASSELBERRY, FL 32707 City/ State and Zip Code fredypepe8@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jhon F Cruz 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 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



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NEW THUNDER GROUP INC	
(Name of Corporat	on as currently filed with the Florida Dept. of State)
P11000015766	
(Docur	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new of "corporation," "company," or "incorporated" or the abbreviation of "lnc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the 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.	tistered Agent: I am familiar with and accept the obligations of the position.
Siar	ature of New Revistered 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 John	<u>D</u> oe		
X Remove	<u>V</u> <u>Mike</u>	Jones		
X Add	<u>SV</u> <u>Saliy</u>	Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	Sec	Jaime Lescano	140 Oak grove	
Add			Winter Park, FL 32792	
X Remove				_
2) Change	Asst Sec	Jorge R. Virelles	7810 Linaria Dr	
XAdd			Orlando FL, 32822	-
Remove				-
3) Change				_
Add	•			
Remove				-
4) Change				-
Add				_
Remove				-
5) Change				-
Add				
Remove				
6) Change				
Add				
Remove				•

If amending or adding addition Attach additional sheets, if nec	essary). (Be speci	fic)			
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If an amendment provides for provisions for implementing (if not applicable, indica	the amendment if	assification, or car not contained in t	ncellation of issued he amendment itse	<u>l shares.</u> elf:	
				<del></del>	
	_				

The date of each amendment(s) adoption:	Fit til <u>në UKE TAR</u> MRëthen than the
date this document was signed.	DIVISION OF CORFORATE A
Effective date if applicable:	2018 DEC - 2 PM 4: 14
(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, document's effective date on the Department of State's records.	this date 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 amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust 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 shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
Nov. 28, 2016 Dated	
Signature 45 Tool	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
Jhon F. Cruz	
(Typed or printed name of person signing)	·
Director	
(Title of person signing)	