P11000066160

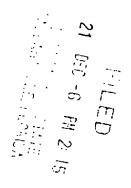
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ____ DOCUMENT NUMBER: P11000066160 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS ALBERTO MACCHI ARIAS Name of Contact Person WEALTH PROJECTS US Firm/ Company P.O. BOX 161976 Address MIAMI, FL 33116-1976 City/ State and Zip Code macchiins@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS ALBERTO MACCHI ARIAS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐S52.50 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

IMAGO, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P11000066160	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	The new ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. <u>Enter new principal office address</u> , if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	i
Name of New Registered Agent	
tFlorida str	eet address)
New Registered Office Address:	(City) , Florida : 5 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	with and accept the obligations of the position
Signature of New R	Registered Agent, if changing

☐ 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)

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: <u>PT</u> John Doe X Change \underline{V} Mike Jones X Remove Sally Smith <u>SV</u> X Add Address Title <u>Name</u> Type of Action (Check One) P. O. BOX 161976 **VPT** YANINA LEONI 1) ____ Change MIAMI, FL 33116-1976 __ Add Remove P. O. BOX 161976 GUSTAVO A. VOGET PST Change MIAMI, FL 33116-1976 ___ Add ___ Remove 3) ____ Change $_$ Add Remove 4) ____ Change _ Add Remove 5) Change _ Add ____ Remove 6) ____ Change __ Add Remove

mending or adding additional Articach additional sheets, if necessary).	(Be specific)			
				
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an amendment provides for an exc rovisions for implementing the	hange, reclassification, or	cancellation of issued s	hares.	
rovisions for implementing the ame	endment if not contained i	n the amendment itself	<u>:</u>	
(if not applicable, indicate N/A)				
	<u>.</u>			

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statutory filing requirements Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amosufficient for approval.	endment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	g statement u(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
12/01/20 Dated Signature	y ·	
(By a selec	director, president or other officer – if directors or officers have etcd, by an incorporator – if in the hands of a receiver, trustee, or sinted fiduciary by that fiduciary)	not been other court
	GUSTAVO A. VOGET	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>