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T. 15-15-15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: UMBRA TRUFFL	ES, INC			
DOCUMENT NUM	1BER: P11000070800				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	MATTIA PORZI				
		Name of Contact Perso	n		
	UMBRA TRUFFLES, INC.				
		Firm/ Company			
	9068 LAKE AVON DR				
		Address			
	ORLANDO, FL 32829				
		City/ State and Zip Cod	c		
mira	igeusa@gmail.com				
		sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:	、371-1 99 5		
Name	e of Contact Person	at (Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made				
□ \$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			Address		
Amendment Section		Amendment Section			
	vision of Corporations D. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			
a consequence of the second of the		Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

UMBRA TRUFFLES, INC.		
(Name of Corporation as currently	filed with the Florida Dept, of State)	
P11000070800		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
MIRAGE PROPERTY MANAGEMENT, INC.		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name mus.	abbreviation t contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY SEE	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	- 5
Name of New Registered Agent	•	
(Florida stree	(address)	
New Registered Office Address:	, Florida	
(C	City) (Ziq	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.	
Signature of New Res	istered 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.

Example: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addreş</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
		
- VIII		
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

·	OCTOBER 30, 2019	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☑ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	R 26, 2019	
selecto	director, bresident or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
	MATTIA PORZI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	