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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	rion:	CLUTCH CITY IN	NC		
DOCUMENT NUMBER: P000091662					
The enclosed Articles of A	Amendment and fee are sub	omitted for filing.			
Please return all correspon	ndence concerning this mat	ter to the following:			
	VIC	TOR ROCHA			
		Name of Contact Person			
	CLU	JTCH CITY INC			
		Firm/ Company			
5256 NW 163 ST					
	Address				
	MIAMI	GARDENS FL			
		City/ State and Zip Code			
	VICTOR@C	LUTCHCITYCR	EATIVE.COM		
	E-mail address: (to be us	ed for future annual report	notification)		
For further information co	oncerning this matter, pleas	se call:			
VICTOR RO	OCHA	at (305	, 625-3702		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	artment 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)		
Ameno Divisio P.O. B	ig Address Iment Section on of Corporations ox 6327 assee, FL 32314	Ameno Divisio Cliftor	Address dracet Section on of Corporations a Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CLUTCH CITY INC

(Name of Corporation as P11000)		iorida Dept. of State)	
(Document	Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the fo	ollowing amendm
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ation "Corp," "Inc," or "	Co". A professional corporation name	The never the abbreviation the contain the contai
B. Enter new principal office address, i			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		5256 NW 163 ST	
		MIAMI GARDENS FL 3	3014
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C			
D. If amending the registered agent and new registered agent and/or the new	d/or registered office addiverses	ress in Florida, enter the name of the	***************************************
Name of New Registered Agent	VICTOR ROC	HA	
	5256 NW 163 S	ST	
	•	reet address)	
New Registered Office Address:	MIAMI GARDEI	, гюпца	<u> </u>
	(City)	(Zip C	ode)
New Registered Agent's Signature, if ch I hereby accept the appointment as register Signature.	eredagent. I am familiar		esition.

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 <math>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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	VP	ENID MUNOZ	5256 NW 163 ST
X Add			MIAMI GARDENS FL33014
Remove			
3) Change			
Add			
Remove			 .
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

stach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	1 1	
<u>it an amendment provides for an excl</u>	hange, reclassification, or cancellation of issued sha	ires,
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
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provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) adopt date this document was signed.	SEPTEMBER 6, 2013	, if other than th
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes east for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement th 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)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
Dated_ SEPT	EMBER 6, 2013	
Signature	1-QR	
(By a direct selected, b	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	VICTOR ROCHA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	