P12000 008 497

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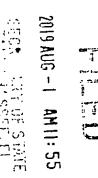
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Award

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations			
NAME OF CORPORATION: EDMT Corporation DOCUMENT NUMBER: P1200008497			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person EDMT Corporation Firm/ Company Address Holly wood, FL 33020 City/ State and Zip Code Javid, mind Dedmt F1. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Juan D. Mino at 954, 864-7725			
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 Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment Section			

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to

Articles of Incorporation of

FDMT COrporal	ガロh
(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
P 1000008497)
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corpo". "Corp" "Inc" or Co.," or the designation "Corp." "Inc," word "chartered," "professional association," or the abbrevia	The new oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the attom "P.A."
B. <u>Enter new principal office address, if applicable:</u> (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)	2719 Holly wood Blud Hollywood FC 33020
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	Florida 55
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Al hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
Signature of	New Registered 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 John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u> Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>r Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SUP	Omar EL-Yousser	Apt. 109 Hallandale Blud, PL 33,009
Add			Apt 109
Remove			22009
2) Change	<u>VP</u>	Emily E. Mino	224 Three Island Blod
Add			APT. 103
Remove			Halkadele, Fl 33009
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	nding or adding additional Articles additional sheets, if necessary). (E	s enter enangers) nere. Be specific)
<u> </u>	77/7	
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<u>-</u>		
16.		
provis	sions for implementing the amendm	ge, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:
(i	f not applicable, indicate N/A)	
	VIA	
-	•	
 -		

The date of each amendment(s) adoption date this document was signed.	on: if o	ther than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date will not be tent of State's records.	listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted to by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
/	(voting group)	
The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareholder	
Dated 07/3	0/19	
selected, by a	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
	Juan D. Mino	
	(Typed or printed name of person signing)	
 -	Manayer 5 (Title of person signing)	<u>_</u>
	(rate or person signing)	

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