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## 36626

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPC	PRATION: A&M SHELL CO	RPORATION			
DOCUMENT NUM	D12000026626				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Andres Mor				
	Name of Contact Person				
	A&M Shell Corporation				
	Firm/ Company				
	8970 W Flagler St. Apt. 213				
		Address			
	Miami/Fl/33174				
		City/ State and Zip Code	e		
	amshellcorporation@gmail.co	om			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Andres Mor		at ( <sup>305</sup>	7737622		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the 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)		
An Di P.C	neiling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussec, FL 32303		

#### Articles of Amendment to Articles of Incorporation of

### A&M SHELL CORPORATION

(Name of Corporation	as currently filed with th	ne Florida Dept. of State)
P12000036626		
(Docume	nt Number of Corporation	(if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional	"incorporated" or the abbreviation "Corp.," corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS )	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	) <u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida fice address:	a, enter the name of the
Name of New Registered Agent		
	(Florida street address)	
Many Prosing at 10000 at 11		
New Registered Office Address:	(City)	, Florida (Zip Code)
	·	<b>≥</b> ∞ <b>№</b>
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I de-	tered Agent:	
I hereby accept the appointment as registered agent. To	am familiar with and accep	
Signati	ire of New Registered Agen	at, if changing is the second of the second
Check if applicable		, <del>-</del>

☐ 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:

X Change	<u>PT</u>	John Doc	
X Remove	<u>.Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change	<u>v</u>	ALEJANDRA MARTINEZ	8970 W FLAGLER ST. APT 213
Add			MIAMI, FL 33174
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del>-</del>	
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Remove			
6) Change			<del></del>
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Remove			

	(Be specific)
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and amendment itself:

• • • •

The date of each amendment(s) adoption:date this document was signed.	if other than the
(no more th	nan 90 days after amendment file date)
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the rds.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporator action was not required.	s, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entitle	es through voting groups. The following statement ed to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) wa	s/were sufficient for approval
by	
(voting group)	
Dated G3/05/20	<del></del>
Signature	
	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)
An	dres Horz nted name of person signing)
	resident.
(Title of pers	on signing)