## P72000 61563

| <del></del>          | (Requestor's Name)       |
|----------------------|--------------------------|
|                      | (Address)                |
|                      | (Address)                |
|                      | (City/State/Zip/Phone #) |
| PICK-UF              | P WAIT MAIL              |
|                      | (Business Entity Name)   |
| <del></del> .        | (Document Number)        |
| Certified Copies     | Certificates of Status   |
| Special Instructions | s to Filing Officer:     |
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|                      |                          |
|                      |                          |
|                      |                          |

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And

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | RATION: AC U2 CORP                          |  |  |  |
|--|---|--|--|--|
| DOCUMENT NUMI  | P12000061563                                |  |  |  |
| The enclosed Articles  | of Amendment and fee are so                 | ubmitted for filing.   |  |  |
| Please return all corre  | spondence concerning this ma                | atter to the following:  |  |  |
|  |   | GIOVANNI CASTELLA  | NOS  |  |
|  | Name of Contact Person                      |  |  |  |
|  | ACCOUNTING & TAX SERVICES OF SOUTH FL CORP  |  |  |  |
|  | <del></del>                                 | Firm/ Company  |  |  |
|  |   | 6080 BIRD RD STE 10  |  |  |
|  |   | Address  |  |  |
|  |   | MIAMI FL 33155   |  |  |
|  |   | City/ State and Zip Code   | :  |  |
|  |   | giovannic@accountingtax  | fl.com   |  |
|  | E-mail address: (to be u                    | sed for future annual report                                       | notification)  |  |
| For further information  | n concerning this matter, plea              | se call:   |  |  |
| Gio  | vanni Castellanos                           | at (   |  |  |
| Name (   | of Contact Person                           | Area Coo   | le & Daytime Telephone Number  |  |
| Enclosed is a check for  | the following amount made                   | payable to the Florida Depa  | rtment of State:   |  |
| □ \$35 Filing Fee  | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Amendi<br>Division<br>Clifton                                      | Address ment Section n of Corporations Building xecutive Center Circle               |  |

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

AC 2U CORP

## (Name of Corporation as currently filed with the Florida Dept. of State)

| P12000061563   |  |   |             |                |
|--|--|---|-------------|----------------|
| (Document Number of C  | Corporation (if known)                   |   |             |                |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:   | Iorida Profit Corporation adopts the fo  | Howing a                                | amendi      | ment(s         |
| A. If amending name, enter the new name of the corporation:  |  |   |             |                |
|  |  | 7                                       | The no      | (214)          |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P | o". A professional corporation name      | the abb.                                | reviati     | on             |
| B. Enter new principal office address, if applicable:  |  |   |             | _              |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |  |   |             |                |
|  |  |   |             | -              |
|  |  | - <u></u>                               | <u> </u>    | _              |
| C. Enter new mailing address, if applicable:   |  | <u></u>                                 | SEF         | ئد <b>فرب</b>  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | - 15 T                                  | <del></del> |                |
|  |  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 7-          | <br>  ["]"}    |
|  |  | -27: "1                                 |             | $\vec{\sigma}$ |
|  |  |   |             | -              |
| D. If amending the registered agent and/or registered office address   | ss in Florida, enter the name of the     |   |             |                |
| new registered agent and/or the new registered office address:   |  |   |             |                |
| Name of New Registered Agent   |  |   |             |                |
|  |  |   |             |                |
| (Florida stree   | t address)                               |   |             |                |
| New Registered Office Address:   | , Florida                                |   |             |                |
|  | (iv)                                     | (Zip Coa                                | le)         | -              |
|  |  |   |             |                |
|  |  |   |             |                |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar wit  | the and an are the ablinetion of the     |   |             |                |
| r nevery accept the appointment as registered agent. I am jumiliar wit   | n and accept the obligations of the posi | tion.                                   |             |                |
|  |  |   |             |                |
|  |  |   |             |                |
| Signature of New Peo   | istored 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 Doc 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>       |                         |
| X Add                         | <u>sv</u> | Sally Si | mith              |                         |
| Type of Action<br>(Check One) | Title     |          | <u>Name</u>       | <u>Addres</u> s         |
| 1) Change                     | SCT       | _        | LUIS CORDERO LEON | 4677 NW 9TH ST APT 208D |
| X Add                         |           |          |                   | MIAMI FL 33126          |
| Remove                        |           |          |                   |                         |
| 2) Change                     | -         |          |                   |                         |
| Add                           |           |          |                   |                         |
| Remove                        |           |          |                   |                         |
| 3 ) Change                    |           | _        |                   |                         |
| Add                           |           |          |                   |                         |
| Remove                        |           |          |                   |                         |
| 4) Change                     |           | _        |                   |                         |
| Add                           |           |          |                   | <u> </u>                |
| Remove                        |           |          |                   |                         |
| 5) Change                     |           | _        |                   |                         |
| Add                           |           |          |                   | ·                       |
| Remove                        |           |          |                   |                         |
| 6) Change                     |           | _        |                   |                         |
| Add                           |           |          |                   |                         |
| Remove                        |           |          |                   |                         |

| Attach additional sheets, if necessary).  | cles, enter change(s) here: (Be specific)  |
|---|--|
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| fan amandmant nearides far an arch  | and realistification or annuallation of issued shares  |
| provisions for implementing the amer  | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| f an amendment provides for an exch-<br>provisions for implementing the amer<br>(if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| provisions for implementing the amer  | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
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| provisions for implementing the amer  | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| provisions for implementing the amer  | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |

| The date of each amendment(s) adoption:  | _, if other than the |
|--|----------------------|
|  |                      |
| Effective date if applicable:  (no more than 90 days after amendment file date)  |                      |
| (m) more man to day, after amenanem file date,   |                      |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.                                      | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                      |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.   |                      |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):                 |                      |
| "The number of votes east for the amendment(s) was/were sufficient for approval  |                      |
| by"  (voting group)  |                      |
| (voting group)   |                      |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |                      |
| ■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |                      |
| 09/10/2018<br>Dated  |                      |
| Signature X Cock   |                      |
| Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | -                    |
| EBEL MOREY CUBA  |                      |
| (Typed or printed name of person signing)  |                      |
| PRESIDENT  |                      |
| (Title of person signing)  | <del></del>          |