P15000066092

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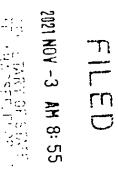
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A. RAMSEY NOV 2 2 2021

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPO	ORATION: EM4 Systems Inc		
	1BER: P15000066092		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	Claudia Navarro		
		Name of Contact Person	1
		Firm/ Company	
	13882 SW 50 St		
		Address	
	Miramar, FL 33027		
		City/ State and Zip Cod	2
	navarroclaudia9621@gmail.c	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
N/A		at ()
Name	e of Contact Person	Area Co)de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

EM4 Systems Inc

2021 NOV -3 AM 8: 55

		an 0:55
	of Corporation as currer	ttly filed with the Florida Dept. of State) TARY OF STATE
P15000066092		HASSET, FISSON
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		
	,	
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST		13882 SW 50 St
		Miramar, FL 33027
		dress in Florida, enter the name of the
new registered agent and/or the ne		ss:
Name of New Registered Agent	Claudia Navarro	
	13882 SW 50 St	
	(Florida s	treet address)
New Registered Office Address;	Miramar	
		(City) (Zip Code)
		(Ap Code)
New Registered Agent's Signature, if c		nt: r with and accept the obligations of the position.
increby accept the appointment as regist	A	with and accept the obligations of the position.
	avaril (
	Signature of New	Registered Agent, if changing
/ Check if applicable		
outer a abbutant		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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> <u>Jo</u>	hn Doe		
X Remove	<u>V</u> <u>M</u>	Mike Jones		
X Add	<u>SV</u> <u>Sa</u>	illy Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	P	Moncaliano, Alberto	14359 Miramar Pkwy 188	
Add			Miramar, FL 33027	
X Remove				
2) Change	P, S	Moncaliano, Claudia J	14359 Miramar, Pkwy 188	
Add			Miramar, FL 33027	
X Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove			484	
5) Change				
Add				
Remove				
6) Change				
Add				
Demove				

	necessary). (Be speci	ijic)			
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<u>rovisions for implement</u>	ing the amendment if i	assification, or canc	ellation of issued shar amendment itself:	res,	
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an amendment provides rovisions for implement (if not applicable, indi	ing the amendment if i	assification, or canc	ellation of issued sha amendment itself:	res,	

The date of each amendment(s) ac late this document was signed.	July 5, 2021 option:	if other than the
C		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this background by the beautiful of the De	ock does not meet the applicable statutory filing requirements, this continuous partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendmen	t(s)
	roved by the sharcholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other con	
	ed fiduciary by that fiduciary)	
	Claudia Navarro	
•	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	···