P150000 82162

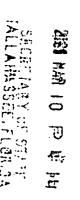
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: AM EXXON CORP. DOCUMENT NUMBER: P15000082162 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Andres Mor Name of Contact Person AM EXXON CORP. Firm/ Company 8970 W Flagler St. Apt. 213 Address Miami/FI/33174 City/ State and Zip Code amshellcorporation@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andres Mor Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **■**\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

	01		
AM EXXON CORP.			
(Name of Corporation as c	urrently filed with the l	Florida Dept. of State)	
P15000082162		_	
(Document Nu	amber of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	cs, this <i>Florida Profit Co</i>	orporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the corpora	tion:		
			The new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	Co". A professional co		ition "Corp.,"
B. Enter new principal office address, if applicable:		_	
(Principal office address MUST BE A STREET ADDRESS			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered off new registered agent and/or the new registered office: Name of New Registered Agent		enter the name of the	
(FI	orida street address)		
New Registered Office Address:	(City)	, Florida	iv Code)
New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		{2.1	p Code)

Signature of New Registered Agent, if changing

Check if applicable

[☐] 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, an 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; CE() = Chie 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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	V		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		_		
Add				
Remove				
6) Change		<u></u> -		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
.		
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

•

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ient(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust he separately provided for each voting group entitled to vote separately on the amendment(s):	ntement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Andres Hon (Typed or printed name of person signing)	
(Title of person signing)	