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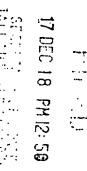


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R. WHITE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EM Key Solutions	inc.			
DOCUMENT NUME	BER:				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Allison Johns				
	Name of Contact Person				
	Firm/ Company				
	8762 15th Lane N				
	Address				
	St. Petersburg, FL 33702				
		City/ State and Zip Code			
Allien	onmarkee@gmail.com				
- Ausc		sed for future annual report	notification)		
	is man address, (to be a	act in take will but tepart	in/initiations/		
For further information	concerning this matter, pleas	se call:			
Allison Johns		at (631	838-7537		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	r 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)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address Indirection Indir	Amend Division Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssec, FL 32301		

Articles of Amendment to Articles of Incorporation of

17 DEC 18 PM 12: 53

EM Key Solutions Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 700286273407 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Allison Johns Name of New Registered Agent 8762 15th Lane (Florida street adaress) 8762 15th Lane N., St. Petersburg New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Allison Johns

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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	: Iones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P/CEO	Michael S. Snyder	138 12th St E
X Add			Tierra Verde, FL 33715
Remove			
2) Change	VP/COO	Erin M. Snyder	138 12th St E
XAdd			Tierra Verde, Fl. 33715
Remove			
3) Change	M	Erin M. Snyder	138 12th St E
Add			Tierra Verde, FL 33715
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	
N/A		
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an analysis of the shares of the same	-
(if not applicable, indicate N/A)		
N/A		
		
		<u> </u>

The date of each amendment(s) add date this document was signed.	pption:	, if other than the
Effective date <u>if applicable</u> :		
enective date <u>n appirabre</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment icient for approval.	nt(s)
	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated12-13-	2017	
Signature	Ch	
(By a dir selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other or diffiduciary by that fiduciary)	
1	Aichael S. Snyder	
-	(Typed or printed name of person signing)	
· ·	President and Chief Executive Officer	
***	(Title of person signing)	