P16000089986

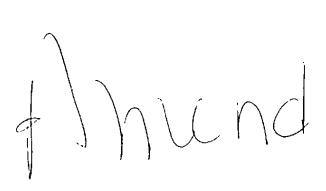
(R€	questor's Name)	····
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400354586584

11/09/20--01008--002 **35.00



! ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Inventum	Inc.		
DOCUMENT NUMB	ER:P1600008	9986		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		Sonia Becerr	a	
-		Name of Contact Person	n	
•		Firm/ Company		
	3 (Greenway Plaza #1	320	
-		Address		
		Houston, Texas 7	7046	
		City/ State and Zip Cod	e	
	fi	lings@swyftfilings.d	com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Sonia Becerra		ut (877		
Name o	Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment 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)	
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Address	
	ndment Section sion of Corporations	Amendment Section Division of Corporations		
P.O.	Box 6327	Clifton	Building	
Talla	hassee, FL 32314	2661 E	Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	<u>INVENTUM II</u>	<u>. </u>		
(Name of Co	rporation as currently f	iled with the Florida Dept. (of State)	
	P16000089986			
	(Document Number of C	orporation (if known)		
fursuant to the provisions of section 607.1006 s Articles of Incorporation:	, Florida Statutes, this Flo	orida Profit Corporation ado	ots the fol	lowing amendment(s)
. If amending name, enter the new name o	of the corporation:			
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	i "Corp," "Inc," or "Co	". A professional corporati	ited" or i	the abbreviation
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>				
C. Enter new mailing address, if applicable	e:			2078
(Mailing address MAY BE A POST OFF.				20
				
				
. If amending the registered agent and/or	registered office addres	s in Florida, enter the name	of the	ذن ا
new registered agent and/or the new registered office address:				<i>™</i>
Name of New Registered Agent	LEGALCORP SOLU	rions, LLC		
	3440 W Hollywood	Blvd, Suite 415		-
	(Florida street			
W D : 10% All	Hollywe	ood	Florida	33021
New Registered Office Address:		ity)	riorida	(Zip Code)
New Registered Agent's Signature, if chang hereby accept the appointment as registered	zing Registered Agent: agent. I am familiar wit	h and accept the obligations	of the pos	ition.
	Signature of New Rec	istered Agent, if changing		
	agnume of new neg	incide rigorii, y ominging		

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:	D.C.	Jaha Das		
X_Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	,	_	 	
Add				
Remove				
2) Change		_	 	
Add				
Remove				
3) Change			 	
Add				
Remove				
4) Change			 	
Add				
Remove				
5) Change				
Add				
Remove				
o) Change			 	
Add				
Remove				

	ers, if necessary).	(Be specific)				
						
			<u> </u>			
		<u> </u>	_			_
					_	
			<u> </u>			
·		<u> </u>				
				_		
	<u>. </u>			<u>. </u>		
<u>-</u>						
		<u> </u>				
		<u> </u>		<u> </u>		
			•			
						
amendment pr	ovides for an excl	hange, reclassifica	tion, or cancella	tion of issued sh	ares,	
visions for imple	lementing the ame	hange, reclassifica endment if not con	tion, or cancella tained in the am	tion of issued sh endment itself:	ares,	
visions for imple	rovides for an exclementing the amele, indicate N/A)	hange, reclassifica endment if not con	tion, or cancella tained in the am	tion of issued sh endment itself:	ares,	
visions for imple	lementing the ame	hange, reclassifica endment if not con	tion, or cancella tained in the am	tion of issued shendment itself:	ares,	
visions for imple	lementing the ame	hange, reclassifica endment if not con	tion, or cancella	tion of issued shendment itself:	<u>ares,</u>	
visions for imple	lementing the ame	hange, reclassifica endment if not con	tion, or cancella tained in the am	tion of issued shendment itself:	ares,	_
visions for impl	lementing the ame	hange, reclassifica endment if not con	tion, or cancella	tion of issued shendment itself:	ares,	_
visions for impl	lementing the ame	hange, reclassifica endment if not con	tion, or cancella tained in the am	tion of issued shendment itself:	ares,	_
visions for impl	lementing the ame	hange, reclassifica endment if not con	tion, or cancella	tion of issued shendment itself:	ares,	
visions for imple	lementing the ame	hange, reclassifica endment if not con	tion, or cancella	tion of issued shendment itself:	ares,	_
visions for impl	lementing the ame	hange, reclassifica endment if not con	tion, or cancella	tion of issued shendment itself:	ares,	
visions for imple	lementing the ame	hange, reclassifica endment if not con	tion, or cancella	tion of issued shendment itself:	ares,	
visions for imple	lementing the ame	hange, reclassifica endment if not con	tion, or cancella	tion of issued shendment itself:	ares,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by	
(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.	
Dated October 28, 2020	
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)	
Thilip J. Pybunu (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

*