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And

JUN 20 2017

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Au Minerals, Inc.		
DOCUMENT NUM	P17000004906 BER:		
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Michael J. Goeree		
		Name of Contact Persor	1
	Au Minerals, Inc.		
		Firm/ Company	
	970 Lake Carillon Drive, 3rd	I Eloor	
		Address	
	St. Petersburg, FL 33716		
		City/ State and Zip Cod	e e
mgoo	rree l@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea.	se call:	
Michael J. Goeree		813	458-7795)
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depo	artment of State:
S35 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 Amendment Section			Address Iment Section
Div	ision of Corporations	Divisio	on of Corporations
	, Box 6327 lahassee, FL 32314		Building Secutive Center Circle
1 2111	anassec, PL DEPTH	2801 F	ACCUUNC CUIRCE CHUIC

Tallahassee, FL 32301

P17000004906	ber of Corporation (if known)	
P17000004906 (Document Numbersum to the provisions of section 607,1006, Florida Statutes.	ber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes.	·	
	and the state of t	
as a tractics of theorpic another	tills r tortda Frofit Corporation adopts the following amendme	
A. If amending name, enter the new name of the corporation	<u>n:</u>	
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co., or the designation "Corp," "Inc." word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	970 Lake Carillon Drive	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	3rd Floor	
	St. Petersburg, FL 33716	
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	970 Lake Carillon Drive	
(A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3rd Floor	
	St. Petersburg, FL 33716	
1. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado Michael J. Goeree	address in Florida, enter the name of the dress:	
Name of New Registered Agent 970 Lake Carillon Dr	ive, 3rd Floor	
· · · · · · · · · · · · · · · · · · ·	da street address)	
New Registered Office Address: St. Petersburg	33716 , Florida	
	(City) (Zip Code)	

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>	John Doe	
X Remove	$\underline{\mathbf{Y}}$	Mike Jones	
<u>X</u> Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Cifers, Doug	1888 Brackenhurst PL
			Lake Mary, FL 32746
Add X Remove			
X 2) Change	D	Goeree, Michael	970 Carillon Drive
Add			3rd Floor
Remove			St. Petersburg, FL 33716
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	dding additional Articles, of the state of t	specific)	=		
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f an amandma	provides for an exchange,	manlar riffication as	annaultation of incre	al a barrens	
nrovisions for	nplementing the amendmen	nt if ant contained i	r the amondment its	offi	
(if not appl	cable, indicate N/A)	it it itot tomanicu ii	a the amendment us	CII.	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
June 13th, 2017	
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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ 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 east 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.	
June 13th, 2017 Dated	
Signature / Let	
(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 (iduciary)	
Michael J. Goeree	
(Typed or printed name of person signing)	
Director & President	
(Title of person signing)	