P1700000 5323

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
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Amend

AUG 1 4 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AM42, INC.			
DOCUMENT NUMBI	P17000005323		<u></u>	
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
I	RA R. SHAPIRO			
-		Name of Contact Person	1	
i	RA R. SHAPIRO, P.A.			
_	<u> </u>	Firm/ Company		
1	16375 NE 18TH AVENUE.			
_		Address		
1	NORTH MIAMI BEACH, F	L 33162		
_		City/ State and Zip Cod	e	
office(Dirarshapiropa.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
IRA R. SHAPIRO		at (<u>305</u>	944-3936	
Name of	*Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	☐S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AM42, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P17000005323	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
,	
	261
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	. Florida
(Consideration of the constant	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re	gistered 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.

Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	\underline{SV}	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	D, S	BAYLEE L. SHIENBAUM	16375 NE 18th Ave, Suite 225		
X Add			North Miami Beach, FL 33162		
Remove					
2) X Change	D, P	PAOLO M. ZAMBELLI	16375 NE 18th Ave. Suite 225		
Add			North Miami Beach, FL 33162		
Remove					
3) X Change	D, VP	IRA R. SHAPIRO	16375 NE 18th Ave, Suite 225		
Add			North Miami Beach, FL 33162		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	or adding additional onal sheets, if necessor	ary). (Be specij	fic)			
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fan amand	ment provides for an	avahanga raala	ssification or ca	ncellation of icci	iad charac	
provisions	for implementing the	amendment if r	iot contained in t	he amendment i	tself:	
(if not a	pplicable, indicate N	(d)				
			<u> </u>			 :
				.		
				<u>.</u>		<u> </u>

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(afficient for approval.	s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s);	ent
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	1 July 22, 2019 and ill	
Signature	aue il	
select	firector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	PAOLO M. ZAMBELLI	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	