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SECRETARY OF STATE
(ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: PALMAR INVES	TMENT, CORP			
DOCUMENT NUMBI	ER: P17000006692		·		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
_		Name of Contact Person			
P	ALMAR INVESTMENT, O	CORP			
_		Firm/ Company			
1	2419 S.W. 209TH STREET	•			
_		Address			
N	MIAMI, FL 33177				
-		City/ State and Zip Code	;		
mtraini	@yahoo.com				
		sed for future annual report	notification)		
	,	•	,		
For further information	concerning this matter, please	se call:			
MARIA MONGELLI		786 at (332-1707 de & Daytime Telephone Number		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations Ruilding		

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PALMAR INVESTMENT, C	CORP
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(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept	. of State)
P17000006692			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation ad	lopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpora	
B. Enter new principal office address,	if applicable:	MARIA MONGELLI	
(Principal office address <u>MUST BE A S</u>		20821 SW 123TH COURT	- XX 1
		MIAMI, FL 33177	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			23 PM
			3: 56
D. If amending the registered agent an			ne of the
new registered agent and/or the new	* *	<u>ss:</u>	
Name of New Registered Agent	MARIA MONGELLI		
	20821 SW 123TH CT		
	(Florida s	treet address)	
New Registered Office Address:	MIAMI		Florida 33177
New Registerea Office Adaress:		(City)	, Florida (Zip Code)
			• • •
New Registered Agent's Signature, if c	hanging Registered Ager	nt:	
I hereby accept the appointment as regist	tered agenț. I am familia	r with and accept the obligation.	s of the position.
	Mos in	Moder	
	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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	PV	MARIA MONGELLI	20821 SW 123TH CT
Add			MIAMI, FL 33177
Remove			
2) Change	P	MAURO TRAINI	12419 SW 209TH ST
Add			MIAMI, FL 33177
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamoua			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
cif not applicable, indicate N/A)	ndment if not contained in the amendment itself:

AUGUST 8TH, 2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
AUGUST 8TH, 2017	
Effective date if applicable: (no more than 90 days after amen	iment file date)
Note: If the date inserted in this block does not meet the applicable statutory fili document's effective date on the Department of State's records.	ng requirements, this date 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 by the shareholders was/were sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	.,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	ction and shareholder
Signature (By a director, president or other officer – if directors o selected, by an incorporator – if in the hands of a received.	
appointed fiduciary by that fiduciary)	or, musico, or other court
MARIA MONGELLI	
(Typed or printed name of person sig	gning)
PRESIDENT	
(Title of person signing)	