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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MMGREEN INC						
DOCUMENT NUMBER: P17000013300						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
MATAN GREEMBERG						
Name of Contact Person						
MMGREEN INC						
Firm/ Company						
5201 RAVENSWOOD RD, STE 103						
Address						
FORT LAUDERDALE, FLORIDA, 33312						
City/ State and Zip Code						
LIDEGICALITICA COMA IL COM						
UDESIGNITUSA@GMAIL.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
MATAN GREENBERG at (614) 2187218						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment Section						

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MMGREEN INC			
(Name	of Corporation as currently	filed with the Florida Dept. of State)
P17000013300			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the t	ollowing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corporation nam	The new r the abbreviation e must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ALLAHASE	SECRETION I
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office addre w registered office address: MATAN GREENBERG	ess in Florida, enter the name of the	Direct Co
Name of New Registered Agent	5201 RAVENSWOOD RD	STF 130	<u> </u>
	(Florida stre	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	FORT LAUDERDALE	•	3312
	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registered.	tered agent. I am familiar w	ith and accept the obligations of the po	vsition.
	Signature appear N	gisia eu Agent, ij chunging	
		1	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CEO	MATAN GREENBERG	5201 RAVENSWOOD RD, STE 103
Add			FORT LAUDERDALE, FL 33312
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	•		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) PLEASE ADD EIN NUMBER TO DOC: 46-2658470				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:				
(if not applicable, indicate N/A)				

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)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll 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.	
04/13/2017 Dated	
	•
Signature(By a director, president or other officer – if directors or officers have not been	<u></u>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
owner/CEO	
(Title of person signing)	