P170000 24003

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: LETS TALK MIA	MI CORPORATION	
DOCUMENT NUMBERS	P17000024003		
The enclosed Articles of A		bmitted for filing.	
Please return all correspond	dence concerning this ma	tter to the following:	
YAi	N VALDES		
		Name of Contact Person	1
VAI	LDES CPA & ADVISOR	RS. P.A.	
		Firm/ Company	
848	BRICKELL AVE. SUIT	•	
		Address	
ME	AMI, FL. 33131		
		City/ State and Zip Code	<u> </u>
	F 1		
yvaldes@	valdesepa.com	10.0	
	n-mail address: (to be us	sed for future annual report	notification)
For further information cor	cerning this matter, pleas	se call:	
YAN VALDES		305	517.3370
	ontact Person	at (
Name of Co	intact Person	Area Co	de & Daytine Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	irtment of State:
\$35 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

LETS TALK MIAMI CORPORATION

LETS TALK MIAMI CORPORATION	
(Name of Corporation as currently t	illed with the Florida Dept. of State)
P17000024003	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	77
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	SECRE AU
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	is in Florida, enter the name of the
	(address)
New Registered Office Address:	Disside.
	iy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	
Signature of New Ree	istered 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)

Remove

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, 8V as an Add.

Example:	., (1714 . 141	iy suuur 8) - as uu 2000.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	JAIRO G CACERES UMANA	15273 SW 91
X Add			MIAMI, FL, 33196
Remove			
2) Change			
Add			- 200 8 1 11
Remove			53.2 0
3) Change	<u></u>		
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			M
Add			
Remove			
6) Change		_	
Add			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)		
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	PH PL	ĺ
provisions for implementing the amendment if not contained in the amendment itself:	82 -	(
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·	
	2, 2	
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The date of each amendment(s) adop	otion:	<u> </u>	if oth	er 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 blocdocument's effective date on the Depa	ek does not meet the applicable statutory filing requirements, this date rtment of State's records.	will no	ot be li	sted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.			
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following statement ch 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		1		
	(voting group)	<u> </u>	19	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	- King 200	AUG -6	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	5.4 " <u>C.</u> ".,	PM	m
07/31/2019 Dated			J: 32	
Signature	All.			
selected, i	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)			
Fz	AREEZ T MOHAMMED			
	(Typed or printed name of person signing)			_
PF	RESIDENT			
_	(Title of person signing)			_