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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MATHEW 634	CORP		
DOCUMENT NUM	BER:P17000029119			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	PEDRO R. CASTILLO			
		Name of Contact Person	n	
		Firm/ Company		
	15779 NW 4 ST			
	PEMBROKE PINE, FLORI	Address DA 33028		
		City/ State and Zip Cod	c	
	CastilloSoto22@Gmail.com			
	E-mail address; (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
PEDRO R. CASTI	LLO	at (907-2174	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depo	artment of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
V Ma	iling Address	Street	Address	
Amendment Section		Amendment Section		
	rision of Corporations	Division of Corporations		
), Box 6327	Clifton Building		
Lat	lahassee, FL 32314		xecutive Center Circle assec, FL 32301	

Articles of Amendment Articles of Incorporation

MATHE	W 634 CORP
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P170	00029119
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MATTHEW 634 CORP	771
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	15779 NW 4 STREET
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINE, FL 33028
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	15779 NW 4 STREET
	PEMBROKE PINE, FL 33028
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
(Florida s	treet address)
New Registered Office Address;	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent thereby accept the appointment as registered agent. I am familian	
	ALC HARD
Signature of New	Registered Agent, if changing AST TO THE SECOND TO THE SEC

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) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		- -		
Remove				
1. 79				
4) Change		·		
Add Remove				
Kemove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
INCHIOVO				

Attach additional she	ng additional Artic cets, if necessary),	(Be specific)			
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f an amendment pro pravisions for impl	ovides for an excha ementing the amen	ange, reclassifica	ation, or cancella	tion of issued sha	res.
(if not applicabl		<u>amenen moren</u>	iitained in the an	ienument usen.	
					
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				_ _	
		_			

	06/10/2017	
The date of each amendment(s) a date this document was signed.	loption:	, if other than the
	/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	clock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
06/12/2017 Dated		
Signature $\overline{\mathcal{X}}$	idean Cartton	
selecte	irector, 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 court ted fiduciary by that fiduciary)	
	PEDRO R CASTILLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	