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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: HMJC CORPORATION DOCUMENT NUMBER: P17000034755 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Camilo Bonnet Name of Contact Person **HMJC** Corporation Firm/ Company 2001 Meridian #421 Address Miami Beach, Florida 33139 City/ State and Zip Code camilo@camilobonnet.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (646) 667-8410

Area Code & Daytime Telephone Number Camilo Bonnet Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

HMJC CORPORATION			
(Name of Corporation	n as currently filed with the Flo	orida Dept. of State)	
P17000034755			
(Docume	ent Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607,1006, Florida 9 its Articles of Incorporation:	Statutes, this Florida Profit Corp	poration adopts the following a	unendment(s) t
A. If amending name, enter the new name of the cor	poration:		
		7	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ad-	"Inc," or "Co". A profession	" "incorporated" or the abb	reviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
(Maining address SIAT BE A POST OFFICE BOX			
	<u> </u>		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		er the name of the	
Normand Many Paralatawad, turnet			در مصدر در مصدر در مع
Name of New Registered Agent			: : در:
	(Florida street address)	V	
N. B 1000 All .		ra 1	
New Registered Office Address:	(City)	, Florida	de)
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered agent. I	am familiar with and accept the e	obligations of the position.	

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.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Camilo Bonnet	2001 Meridian Avenue, #421
Add			Miami Beach, Florida 33139
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach <i>additie</i>	or adding additional A) onal sheets, if necessary)). (Be specific)			
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If an amendn	ient provides for an ex	change, reclassific	ation, or cancella	tion of issued sharg	5,
provisions fo	or implementing the an oplicable, indicate N/A)	nendment if not co	ntained in the am	endment itself:	
(i) not up	quedone, macute (1771)				
····					
					
				-	·
				 -	·

The date of each amendment(s) a	doption:	, if other 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 bedocument's effective date on the De	block 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 su	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 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	
06/23/2017 Dated	al Bath	
selecte	irector, president or other officer — directors or officers have not been d, by an incorporator — if in the lands of a receiver, trustee, or other court ted fiduciary by that figureiary)	
	Camilo Bonnet	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	