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17 SEP -1 PH 3: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: P17000036632 DOCUMENT NUMBER: AML GROUP INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LIDEE ESPANA Name of Contact Person AML GROUP INC Firm/ Company 15514 SW 32 TERR Address MIAMI, FLORIDA 33185 City/ State and Zip Code romynabeltran@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 5413145

Area Code & Daytime Telephone Number SONIA ROMYNA URDANETA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AML GROUP INC

	AML GROOP	INC	
(Name of Corpo	ration as currently	filed with the Florida Dep	t. of State)
	P17000036632		
(D	ocument Number of (Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this F_i	lorida Profit Corporation ad	dopts the following amendment(s) to
A. If amending name, enter the new name of the	he corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "C	o". A professional corpor	orated" or the abbreviation attention name must contain the
B. Enter new principal office address, if applic	able:	15514 SW 32 TERR	
(Principal office address MUST BE A STREET		MIAMI, FL 33185	
C. Enter new mailing address, if applicable:	nav	15520 SW 32 TERR	ALLAN SE
(Mailing address <u>MAY BE A POST OFFICE</u>	(BOX)	MIAMI. FL 33185	ASSS LE
D. If amending the registered agent and/or res new registered agent and/or the new registe	zistered office addre	ss in Florida, enter the nar	D PR 3: 23
Name of New Registered Agent			
-	(Florida stree	rt address)	
New Registered Office Address:	ĺ		, Florida
ten regimered office riviness.	(4	City)	(Zip Code)
Name Davistand Agant's Ciangtons if shapping	Dogistored Agents		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ago	ent. I am familiar wi	th and accept the obligation	is of the position.
	Signature of New Re	gistered Agent, if changing	

Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov	Presiden = Chief er, Direct d in the forwards the contract or one of the contract or of the contract	t; T= Treasure Financial Offic or would be PT ollowing manne corporation, Sa	er. If an officer/director hol D. T. Currently John Doe is list lly Smith is named the V and	or; TR= Trustee; C = Chairman or Clerk; CEO = Chief lds more than one title, list the first letter of each office ed as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
Example: 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)	<u>Title</u>	<u>Nam</u>	 <u>1¢</u> 	<u>Addres</u> s
1) Change	P	_ LID	EE A. ESPANA	15514 SW 32 TERR
Add				MIAMI, FL 33185
X Remove				
2) Change	VP 	ANG	 GEL E. ESPANA !!	15514 SW 32 TERR
Add				MIAMI, FL 33185
X Remove				
3) Change	D	MA	II RIO ESPANA II	15514 SW 32 TERR
Add				MIAMI. FL 33185
X Remove				
4) Change	P	САЕ	 RLA GUTIERREZ	15520 SW 32 TERR
X Add				MIAMI, FL 33185
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Page 2 of 4

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:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

. If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	enter change(s) here:
(Attach additional sheets, if necessary).	
1,100	
* · · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
provisions for implementing the amendme	ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	}
	<u> </u>
	11

	8/25/2017	20 1 1 1
The date of each amendment(s) adoption: date this document was signed.		, if other than the
08/28/2017		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date wof State's records.	ill not be listed as th
Adoption of Amendment(s) (C	HECK ONE)	
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) rapproval.	
	he shareholders through voting groups. The following statement by group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amo	endment(s) was/were sufficient for approval	
by	,"	
(ve	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
08/25/2017 Dated		
Signature Lide &	A. Esama	
selected, by an inc	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)	
	LIDEE A. ESPANA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	