P17000056938

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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MULTIMOTOR O	CORP			
DOCUMENT NUMB	D17000057029				
The enclosed Articles o	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	NICOLA J CAPADORO				
-	Name of Contact Person				
	MUI TIMOTOR CORP				
-	Firm/ Company				
	7909 NW 64 STREET				
-	Address				
DORAL FLORIDA 33166					
-	City/ State and Zip Code				
	MULTIMO	TOR2017@GMAIL.COM			
	E-mail address; (to be u	sed for future annual report	notification)		
For further information NICOLA J C	concerning this matter, pleas	se call: 786	317-2408		
Name o	f Contact Person		/ de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	☐\$43.75 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)		
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clitton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, F1, 32301		

Articles of Amendment to Articles of Incorporation of

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MULTIMOTOR CORP

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
	P17000056938
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida its Articles of Incorporation;	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P,A"
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
(Stating duaress SEAT BE A POST OFFICE BOX	·
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	ffice address;
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Zip Code)
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 obligations of the positions
	ture of New Registered Agent, if changing
Signa	ture 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> Filing cancelled X Remove V Mike Jones due to returned check <u>X</u> Add SVSally Smith Type of Action Title Name 1 Address (Check One) VP FRANK A FRANCISCO 1801 S OCEAN DR APT 633 1) Change HALLANDALE BEACH FL 3300: ____ Add Remove RAMON E CARDENAS RAMOS 2461 POLK ST APT 8 2) ____ Change HOLLYWOOD FL 33020 __ Add Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add __ Remove 6) ____ Change ____ Add ____ Remove

	Filing cancelled
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	due to returned check
F. If an amendment provides for an exchange, reclassification, or caprovisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	incellation of issued shares, the amendment itself:

The date of each amendment(s) ado	ption:	if other than the
date this document was signed.	06/22/2018	
Effective date <u>if applicable</u> :	(no more than 90) days c	ifter amendment file date)
Note: If the date inserted in this blo document's effective date on the Depa		dutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopt by the shareholders was/were suff		r of votes east for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ed	oved by the shareholders through vol ach voting group entitled to vote sep	
"The number of votes cast fo	or the amendment(s) was/were suffic	ent for approval
by	(voting group)	
☐ The amendment(s) was/were adopt action was not required.		
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without share	reholder action and shareholder
06/22/2018 Dated	3	Filing cancelled
	/	due to returned check
selected,	ector, president or other officer – if of by an incorporator – if in the hands d fiduciary by that fiduciary)	lirectors or officers have not been of a receiver, trustee, or other court
	NICOLA J CA	PADORO
-	(Typed or printed name of	person signing)
	PRESIDE	d.t.
_	(Title of perso	n signing)