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Fax Number : (850)617-6380

from:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 Fax Number : (407)992-9407

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ALLUM CORPORATION

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Tallahassee, FL 32314

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to: Corp Poence	<b>,</b>					
& OLLIO.	ations					
.RI	PORATION: _	LLUM CORPOR	RATION			
	J <b>MBER</b> :					
, he enclosed Artic			bmitted for filing.			
Please return all co	orrespondence c	oncerning this ma	tter to the following:			
	Maria C Sc	usa				
	_	-	Name of Contact P	erson		-
	Sousa & A	ssociates Inc				
			Firm/ Compan	ıy		-
	5728 Majo	Blvd, Ste 309				_
	<del></del>		Address		·	_
	Orlando, F.	L 32819				_
			City/ State and Zip	Code	<u>-</u>	-
	documents	@sousanassociate:	s.com			
	E-mail	address: (to be us	sed for future annual re	eport n	oufication)	
For further inform	ation concernin	g this matter, pleas	se call:			
Maria C Sousa			at (407		800-7028	
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	Mailing Addres			treet A		
	Amendment Sec Division of Corp				ent Section of Corporations	
-					±	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ALLUM CORPORATION

## Articles of Amendment to Articles of Incorporation of

(Name	of Corporati <u>on as curre</u> ntl	v filed with the Florida Dept.	of State)	
P17000066724				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation add	opts the following ame	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain association,"	Corp," "Inc," or "Co"	l professional corporation na	or the abbreviation "Co	
B. Enter new principal office address,	If applicable:	5605 International Dr		
(Principal office address MUST BE A S		Orlando, FL 32819		
C. Enter new mailing address, if appl (Mailing address MAYBEA POST)		8115 Pomo Dr		_
( <u></u>	<u></u>	Kissimmee, FL 34747	1.2	<del></del>
			: ;	<u> </u>
D. If amending the registered agent at new registered agent and/or the ne			e of the	
Name of New Registered Agent	S&A (our DBA)		··	
	5728 Major Blvd, Ste 309		•	
	(Florida su	eet address)		(1) )
New Registered Office Address.	Orlan <b>d</b> o	,	Florida 32819	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c i hereby accept the appointment as regis		<del>-</del>	of the position.	
	A	) @W&		
	Signature of New R	egistered Agent, if changing		
Check if applicable  [I] The amendment(s) is/are being filed in	oursuant to s 607 0120 (11)	(e) F.S		

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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)

Example:

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, Trensurer, 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

$\Sigma$ Change	<u>pr</u>	<u>John De</u>	<u>oe</u>	
∑ Remove	$\underline{V}$	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
I) X Change	Þ		PONSO, ALESSANDRO D	8115 Pomo Dr
Add				Kissimmee, FL 34747
Remove 2) X Change	T		M. PIMENTA, LUIS EDUARDO	8115 Pomo Dr
2) Change Add	•	_		Kissimmee, FL 34747
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				-
5) Change		_		
Add				<del></del>
Remove				
6) Change		_		
Add				
Remove				

Altach <i>addinor</i>	nal sheets, if necessary). (Be specific)	
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f an amendme	ent provides for an exchange, reclassification, or cancellation of issued shares, r implementing the amendment if not contained in the amendment itself:	
(if not ap	nlicable, indicate N/A)	
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· <del>-</del>		<del></del>

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The date of each amendment(s) adoption: 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)
November 10, 2020
Dated
Signature Alessandro Ponso (Nov 10, 2020 19:43 EST)
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
President
(Typed or printed name of person signing)
Alessandro D Ponso
(Title of person signing)