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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CLAMOSED COR	P	
DOCUMENT NUMBI			
The enclosed Articles of	f Amendment and fee are su	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
J	OSE LEON		
_		Name of Contact Person	
L	EON BUSINESS SERVICE	ES	
_		Firm/ Company	
1	1248 NW 34TH CT		
	<u></u> -	Address	
C	CORAL SPRINGS FL 33065		
_		City/ State and Zip Code	•
LEON	BUSINESERVICES@GMA	IICOM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
JOSE LEON		at (813 - 6744 de & Daytime Telephone Number
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	nayable 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)
Amer Divis P.O. I	ing Address adment Section ion of Corporations Box 6327 bassee FE 32314		Address Hein Section Generations Heining Content Circle

Articles of Amendment to Articles of Incorporation of



CLAMOSED CORP

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment is Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) Florida street address)	(Name of Corporation as currently	filed with the Florida Dept. of State)	Q
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	ew Registered Agent's Signature, if changing Registered Agent:		
ew Registered Agent's Signature, if changing Registered Agent:		ith and accept the obligations of the position.	
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.			

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	2	
X Remove	<u>v</u>	Mike Jor	n <u>es</u>	
_X Add	<u>\$V</u>	Sally Sm	<u>ùth</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		CHACON, EDUARDO	5400 SW 12 SREET
Add X Remove		_		POMPANO BEACH FL 33068
2) Change				
Add Remove				
3) Change		_		
Add				
4) Change		_		
Add				
5) Change Add		_		
Remove				
δ) Change				
Add Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			າປ. (Be	ts, if necessary).	ending or adding h additional sheets	(Attach a
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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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
9/5/2017 Dated	
(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)	
CLAUDIA MUNOZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	