P170000 905/10

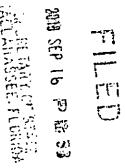
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(Business Entity Name)
(Document Number)
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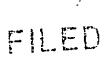
SEP 3 C 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMILKAR CORP				
DOCUMENT NUMB	D17000000516				
The enclosed Articles i	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	AMILK/	NR FERNANDEZ FALCO	:N		
-	Name of Contact Person				
	AMILKAR CORP				
-	Firm/ Company				
	3395 PIONEER 14 ST				
-	Address				
	CLEWISTON, FLORIDA 33440				
-		City/ State and Zip Cod	e		
	OFICINALINA	CASTELLANOS@GMAI	L.COM		
	E-mail address: (10 be us	sed for future annual report	notification)		
	concerning this matter, please	786	477-9046		
Name of Contact Person		at () de & Daytime Telephone Number		
	the following amount made		·		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle 1886e, FL 32301		

Articles of Amendment to Articles of Incorporation of



AMILKAR CORP

(<u>Name of Corporation as curre</u> P17000	090516	
(Document Number	of Corporation (if known)	AT ALL ANALY OF STATE
Pursuant to the provisions of section 607,1006, Florida Statutes, the ts Articles of Incorporation;	is Florida Profit Corporati	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional co.	
3. Enter new principal office address, if applicable:	3395 PIONEER 14 ST	r
Principal office address <u>MUST BE A STREET ADDRESS</u>)	CLEWISTON, FL 33	44()
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	3395 PIONEER 14 S	Γ
	CLEWISTON, FL 33	44()
 If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address. 		name of the
Name of New Registered Agent		
	Street address)	
	LEWISTON	33440
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familia	nt:	,
	Registered Agent it chang	· · · · · · · · · · · · · · · · · · ·

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u> </u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
21 Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5. /Y			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself;
(д ног аррисате, так те кум)	
· _ · · · _ ·	

	09/13/2019	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	09/13/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the De	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(- ufficient for approval.	()
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendments):	nt
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	or
Dated	09/13/2019	
	director, president or other offices it directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other cour	
	nted fiduciary by that fiduciary)	
	AMILKAR FERNANDEZ FALCON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	