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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: POMA METALS	CORP		
DOCUMENT NUMB	ER: P17000094439			
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
1	PETER J MALECKI			
-		Name of Contact Person	1	
(C BROOKS RICCA, JR. & A	ASSOCIATES, P.A.		
-	<u> </u>	Firm/ Company		
	1615 FORUM PLACE, SUIT	ΓE 200		
-		Address		
,	WEST PALM BEACH, FL 33401			
-		City/ State and Zip Code	2	
nmalae	cki@riccalawyers.com			
pinated —	· ·	sed for future annual report	notification)	
	L-man address. (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Peter J. Malecki		at (8334544	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
S35 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)	
Mailing Address			Address	
	ndment Section	Amendment Section		
	ion of Corporations	Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive C		xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

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	of	17 DEC 19 PM 1: 5	2
fons	METALS C	$\rho \partial c$	_
(Name of Cor	poration as currently filed wit	ith the Florida Dept. of State)	Ä
P17	0000 94439	Ĩ	
(Document Number of Corporat	tion (if known)	
Pursuant to the provisions of section 607.1006, as Articles of Incorporation:	Florida Statutes, this <i>Florida Pi</i>	Profit Corporation adopts the following amendme	ent(s)
. If amending name, enter the new name of	the corporation:		
		The new	
	"Corp," "Inc," or "Co". A p	pany," or "incorporated" or the abbreviation professional corporation name must contain the	
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			
-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
	*		
. If amending the registered agent and/or r		orida, enter the name of the	
new registered agent and/or the new regis	tered office address:		
Name of New Registered Agent			
	(Florida street address	5)	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered a		eccept the obligations of the position.	
, , , , , , , , , , , , , , , , , , , ,	, <u>,</u>	,	
			
	Signature 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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	vp	Justin Poma	2049 Sw Doma Dr
Add			Doug Su Doma Dr
x Remove			34990
2) Change	S	Jason Poma	2049 SW Porms Dr
Add			Asim City, FC
x Remove			34990
3) Change	vp	Jason Poma	Pour City FL
X Add			Psem City FL
Remove			34990
4) Change	ľ	Jason Poma	Prim City, FL
Add			Prim City, FL
X Remove			34990
5) Change	s	Justin Poma	2049 Su SomADr
X Add			Drim City FC
Remove			37940
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
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(f. a.	name and a section and a section of the section of
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:late this document was signed.	, if other than the
-	
Effective date <u>if applicable</u> :	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory filindocument's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	proval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	er action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	tion and shareholder
Dated	
Signature (By a director, president or other officer – if directors or	
selected, by an incorporator – if in the hands of a receiv appointed fiduciary by that fiduciary)	er, trustee, or other court
Peter T. Maj (Typed or printed name of person sig	leck i
(Typed or printed name of person sig	ning)
10 corporator	

(Title of person signing)