P180000 12129

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: HAMANATAG CO	ORP			
DOCUMENT NUM	BER: P18000012129				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Astrid Paschalides				
	Name of Contact Person				
	IAMANATAG Corp				
		Firm/ Company			
	1835 NW 112 Ave, Suite 159	9.			
	Address				
	Miami Fl 33172				
		City/ State and Zip Cod	e		
apas	chalides@iocagroup.com				
	~	sed for future annual report	notification)		
			•		
For further informatio	n concerning this matter, pleas	se call:			
Astrid Paschalides		at (<u>305</u>	7757596		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check to	or the following amount made	payable to the Florida Depa	irtment 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 Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JAMANATAG CORP (Name of Corporation as currently filed with the Florida Dept. of State) P18000012129 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "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) New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Livio Gazzini	3880 Bird Rd Apt 818
Add			Miami Fl 33146
X Remove			
2) Change	D	Jose Angarita	1940 NW Miami CT
X Add			Miami Fl 33136
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
	· 		
Add			
Remove			

	g or adding additional Articles, enter c itional sheets, if necessary).— (Be specifi			
				
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provisions	dment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)			
				
				
		 		
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		- · · · · · ·		

•	February 5 2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	bruary 6 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ient
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	dopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
February Dated		
Signature	27	
selec	director, president or other officer – if directors or officers have not beer ted, by an incorporator – if in the hands of a receiver, trustee, or other coninted fiduciary by that fiduciary)	
	Astrid Paschalides	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	