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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COF	RPORAT	TON: SRM & M.M. INV	ESTMENTS CORP.	ı	
DOCUMENT N	UMBEF	R:			
The enclosed Art	icles of A	Imendment and fee are su	bmitted for filing.		
Please return all	correspor	dence concerning this ma	tter to the following:		
	RU	BEN D. TORO			
	+		Name of Contact Po	erson	
	RL	BEN TORO P.A.			
			Firm/ Company	y	
	79	01 KINGSPOINTE PWK	Y STE. 31		
			Address		
	OF	RLANDO FL 32819			
			City/ State and Zip	Code	
:	accounti	ng@rubentorocpa.com			y
•	•	E-mail address: (to be us	sed for future annual re	eport n	
For further inform	nation co	ncerning this matter, pleas	se call:		
RUBEN D. TO	RO		at (370-6445
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a che	ck for th	e following amount made	payable to the Florida	Depart	ment of State:
S35 Filing Fo	ee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		<u>S</u> t	reet A	<u>ddress</u>	
	Amend	nent Section			nent Section
		n of Corporations	Division of Corporations		
	P.O. Bo		Clifton Building		
	i allaha	ssee, FL 32314	26	oo i Ex	ecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SRM & M.M. INVESTMENTS CORP

(Name of Corporation as currently f	iled with the Florida Dept. of State)
018000022202	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered." "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ž : d
C. Enter new mailing address, if applicable:	85 7 F
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	, * 0
	<u>ω</u>
	30. 3
D. If amending the registered agent and/or registered office addres	s 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
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSTD	SERGIO MARQUES JUNIOR	1001 HONEY BLOSSOM DR.
Add			ORLANDO FL 32824
X Remove			
2) Change	PSTD	MARCOS DE MARMONTEL NOC	1001 HONEY BLOSSOM DR.
× Add			ORLANDO FL 32824
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if nece	nal Articles, enter cl essary). (Be specific	:)		
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an amendment provides for	an exchange reclas	sification or cance	llation of issued sha	res
provisions for implementing t	the amendment if no	ot contained in the	mendment itself:	
(if not applicable, indicate	N/A)		_	
	_ 			
				

	0710/2018	26 3 3 3
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		<u>.</u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
DatedO7/	11/5018)	
— (By a di selecter	rector, president or other officer – if directors or officers have not been help an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Sergio Marques Junior	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	