

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
Ci	ty/State/Zip/Phone	<u> </u>
(Cir	ty/Otate/Zip/Filorie v	")
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: 9	JANTUM B	USINESS	Brokera 66 pa
DOCUMENT NUMBER: P19	<u>,0000 23 2</u>	2 4	
The enclosed Articles of Amendment	and fee are submitted	for filing.	,
Please return all correspondence conce	erning this matter to th	ne following:	•••
LUC	LECIA COS	TA le of Contact Person	
GUANT	Um BUSI	NESS BRO	OKERAGE PA.
2179	amle lala	Firm/ Company	1
8177	RAVENNA	Address	<u></u>
BOYN	ON BEACH	. P1 3342	} 3
	City/	State and Zip Code	
			IL.Com /
For further information concerning this		·	
LUCELIA COSTA	•	_at (<u></u> \$61	827-2387 e & Daytime Telephone Number
Name of Contact Person	on	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the following	amount made payable	to the Florida Depar	tment of State:
	ate of Status Cer (Ad	3.75 Filing Fee & rtified Copy Iditional copy is closed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street A	
Amendment Section Division of Corpora		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton I	
Tallahassee, FL 323	514	2661 Ex	ecutive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

GIVANTUTT ISUSTNESS BEORGETTEE	<u> </u>	
	filed with the Florida Dept. of State)	
P1800002		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	lorida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	,	PA
OWANTUM BUSINESS DEVELO	OPMENT & BROKERAG	$S \subset T_{0}$
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.	" "company," or "incorporated" or tl o". A professional corporation name n	ie abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	PP TI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	00 PH 2: 03
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent NIP	is in Florida, enter the name of the	
(Florida street	! uddress)	
New Registered Office Address: NH	, Florida	72. C. I.)
(C	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 positi	on.
Signature of New Reg	istered Agent, if changing	

AMESTIC.

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> <u>John</u> l	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Saily</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	NIA		
Add	• • •		
Remove			
2) Change Add	NA		
Remove 3) Change Add	NA		
Remove	NIA		
4) Change Add	NIB		
Remove	NIA		
Add	. 1/0		
6) Change	NA		
Remove			

(Attach additional sheets, if necessary). (Be specific)
ARTICLE III PURPOSE
NEW PURPOSE:
BUSINESS DEVELOPMENT & BROKERAGE.
F. 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)
NIA

The date of each amendment(s) adoption:, if other than 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 will not be listed as document's effective date on the Department of State's records.
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)
(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.
Dated 04/01/18
Dated 04/01/18 Signature Louielia Costa
(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)
LUCELIA COSTA
(Typed or printed name of person signing)
Louisla Costa D

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(Title of person signing)