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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: BIG DREAMS FI	NANCIAL CONSULTING	G, INC.			
DOCUMENT NUM	P18000037290					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	MAGGY BAILEY DE TUL	LiO				
		Name of Contact Perso	no.			
	BIG DREAMS FINANCIAL CONSULTING, INC.					
		Firm/ Company				
	PO BOX 840833	•				
		Address				
	PEMBROKE PINES, FL 336	084				
		City/ State and Zip Coo	le			
MA	AGGY@MBDTBUSINESS.CO	M				
		sed for future annual repor	t notification)			
For further informati	ion concerning this matter, pleas	se call:				
MAGGY BAILEY	DE TULLIO	at (305	202-3959			
Nam	e of Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	S43.75 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 Tallahassee, FL 32314			Address			
		Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

FILED

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to

BIG DREAMS FINANCIAL CONSULTING, INC.	SECRETAL TO CHAIC
(Name of Corporation	as currently filed with the Florida Dept. of State)
P18000037290	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corp	ogration:
AMAZON CREDIT CONSULTING, INC.	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
D. Enter many administration address if applicables	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
 If amending the registered agent and/or registered new registered agent and/or the new registered off 	
N/A	nce guaress.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
N D	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. 1 a	im familiar with and accept the obligations of the position.
	·

Signati	ure 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: X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sm	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change		_				
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change						
Add						
Remove						
4)Change						
Add		-				
Remove						
5) Change		<u>-</u>				
Add						
Remove						
6) Chavar						
6) Change		_				
Add						
Remove						

	(Be specific)
/A	
If an amendment provider for an evaluation	bongs realistification or cancellating of irrued charge
If an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, and and the amendment itself:

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.	1 2019	
JUNE Effective date <u>if applicable</u> :	1, 2018	
	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the an cient for approval.	nendment(s)
	wed by the shareholders through voting groups. The following hotting group entitled to vote separately on the amendment	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
bv	``	
•	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and	shareholder
action was not required. Dated Signature	ed by the incorporators without shareholder action and share	
selected.	ctor, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or I fiduciary by that fiduciary)	
N	IAGGY BAILEY DE TULLIO	
_	(Typed or printed name of person signing)	
A	.MBR	
	(Title of person signing)	