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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	IONAL CORP	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
MARVIN CISNEROS		
AMC PROFESSIONAL CO	Name of Contact Persor ORP	1
1914 NW 36 CT	Firm/ Company	
OAKLAND FLORIDA 333	Address	
	City/ State and Zip Code	2
CISNEROSMARVIN@GMAIL.C	СОМ	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea-	se call:	
MARVIN CISNEROS	561 at (255-7191)
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:
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) AMC PROFESSIONAL CORP. / P18000049108 (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: N/A 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) N/A C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent (Florida street address) N/A New Registered Office Address: , Florida (City) (Zip Code) 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.

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>	<u>Name</u>	Address
l)Change	V	JUAN CARLOS CISNEROS DE LEON	1914 NW 36 STREET
X Add			OAKLAND, FLORIDA 33309
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

/A	(Be specific)
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f an amendment provides for an eych	range reclassification or cancellation of issued charac
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an amendment itself:

The date of each amendment(s) adoption:	8-28-19	, if other th
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 med document's effective date on the Department of State's		his date will not be listed
Adoption of Amendment(s) (CHECK	ONE)	
☐ The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv		ment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group		
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by(voting gr	"	
(voting gr	roup)	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and share	eholder
The amendment(s) was/were adopted by the incorpaction was not required. 8/29/19	porators without shareholder action and sharehold	ler
Dated		
Dateu		
Signature		
(By a director, president of	or other officer - if directors or officers have not	
selected, by an incorporat appointed fiduciary by the	tor – if in the hands of a receiver, trustee, or othe	r court
.,		
\mathcal{M}	d or printed name of person signing)	
	4	
(Typec	d or printed name of person signing)	
(Τυρει	Presided	