018 Divis of Stat Sattment **Division of Corporations** Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H18000233912 3))) H180002339123ABC\$ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I2000000146 : (305)444-4994 Phone 2018 AUG 10 Fax Number : (305)444-4977 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 1 AH 8:145 m Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN ON THE MAP RESTORATION, CORP. Certificate of Status 0 Certified Copy 0 05 Page Count AH II RECEIVE \$35.00 Estimated Charge AUG 1 3 2018 01 (JUV I ALBRITTON 8 Electronic Filing Menu Corporate Filing Menu Help

FAX No.





Articles of Amendment to Articles of Incorporation of

ON THE MAP RESTORATION, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State) P18000053100

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Plorida 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:

The new maine 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 "F.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>) 12973 SW 112TH ST. PMB # 321

MIAMI, FL. 33186

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

12973 SW 112TH ST, PMB # 321

MIAMI, FL. 33186

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)

Now Registered Office Address:

(Zip Code)

, Florida

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

Example:

If amending the Officers and/or Directors, enter the fitle 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 litle by the first letter of the office title:

 $P \rightarrow President; V \rightarrow Vice President; T = Treasurer; S = Secretary; D = Director; TR \rightarrow Trustee; C - Chairman or Clerk; CEO - Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one thile, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the Y. There is a change, Mike Jones leaves the corporation, Sally Smith is named the Y and S. These should be noted as John Doe, PT as a Change, Mike Jones, Y as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Saily Smith			
<u>Type of Action</u> (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
i) X Change	P/S	EDGARDO ISLA		12973 SW 112TH ST.	
Add			• • •	PMB # 321	·
Rcmove				MIAMI, FL. 33186	
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2) Change	· . 		<u> </u>	* <u></u>	ʻ
Add	. "				· ·
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5) Change					
Add					
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Add					-
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Attach additional sheets, If necess	ary). (Be specific)				
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n amendment provides for an e	exchange, reclassifica	tion, or cancella	tion of insued she	ires,	
avisions for Implementing the a (If not applicable, Indicate N/A	<u>amendment if not con</u> /}	itained in the am	<u>endment itself:</u>		
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The date of each amendment(s) adoption:	
date this document was signed.	, if other than th
06/18/2018	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment fils date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as th
Adoption of Amendment(s) (CRECK 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 error dment(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	
(voiing 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.	
06/18/2018	
DatedSignature_Signature_Signat	
(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, prustee, or other court appointed fiduciary by that fiduciary)	
EDGARDO ISLA	
(Typed or printed name of person signing)	
PRESIDENT	
(Tille of person signing)	

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