P18000063932

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION: Garramone Marke	eting, Inc.	
	BER: P18000063932		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Donna Carter		
		Name of Contact Perso	n
	CPS		
		Firm/ Company	
	213 Katherine Drive	• •	
		Address	
	Flowood, MS 39232		
		City/ State and Zip Cod	e
Journ	ar@ardlama.aum		
- dear	er@cpsllcms.com	sed for future annual report	matification \
Dan Caraban in Caracasi		•	
ror turther informatic	n concerning this matter, pleas	se can:	
Donna Carter		at (936-3688
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

Articl	les of Incorporation
CTarrama	oné Marketina, INC.
(Name of Corporation as	currently filed with the Florida Dept. of State)
P18000063932	
(Document N	Sumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	\overline{s})
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OF FICE BOX)	
	<u> </u>
	<u> </u>
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	Florida street address)
New Registered Office Address:	Elorida
New Registered Office Address.	
New Registered Agent's Signature, if changing Registere	ed Agent:
I hereby accept the appointment as registered agent. I am f	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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, ente	er change(s) here:
(Attach additional sheets, if necessary). (Be spec	cific)
·	
	· · · · · · · · · · · · · · · · · · ·
. If an amendment provides for an exchange, rec	lassification, or cancellation of issued shares,
provisions for implementing the amendment if	f not contained in the amendment itself:
(if not applicable, indicate N/A)	
Please change the number of authorized shares to 500	00 at zero par value.
·	
	

	02.05.19	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	ite will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	?nt
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholds	er
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
02:05. Dated	19	
. la	elm A	
Signature (By:	a director, president or other officer – if directors or officers have not been	
selec	eted, by an incorporator - if in the hands of a receiver, trustee, or other cour	rt
арро	ointed fiduciary by that fiduciary)	
	Ralph Garramone	
	(Typed or printed name of person signing)	
	Incorporator	
	(Title of person signing)	