PISCCCC SCI5H

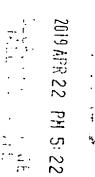
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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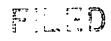
R. WHITE ENV 0.1 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: AGM TECHNOLO	OGY INC				
	8000080154					
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.				
Please return all correspondence	e concerning this ma	tter to the following:				
RAYON	DA WILLIAMS					
		Name of Contact Person				
PERFE	PERFECT CIRCLE GROP					
		Firm/ Company	<u> </u>			
1221 BI	1221 BRICKELL AVE, SUITE 900					
	Address					
MIAMI	, FL 33131					
		City/ State and Zip Code				
RW@PERFC	IRCLEWW.COM					
E-n	nail address: (to be us	sed for future annual report	notification)			
For further information concern	ning this matter, pleas		005 9255			
		at (
Name of Contac	t Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	rtment of State:			
	43.75 Filing Fee & ertificate 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



AGM TECHNOLOGY INC

2019 APR 22 PM 5: 22

	on as currently filed with the Florida Dept. of State)
P18000080154	William with
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	The new I "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
The state of the s	(City) (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	, Florida (City) (Zip Code)
Ciana	ture 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 Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	S	CYNTHIA ANDRADE	5550 GLADES ROAD		
Add			SUITE 200		
X Remove			BOCA RATON, FL 33431		
2) Change	S	RAYONDA WILLIAMS	1221 BRICKELL AVE		
X Add			SUITE 900		
Remove			MIAMI, FL 33131		
3) Change	<u> </u>		. <u></u>		
Add					
Remove					
d) Change					
4) Change					
Add Remove					
Kemove					
5) Change					
Add					
Remove					
6) Change					
o) Change					
Remove					

<u>If amending or adding ac</u> Attach <i>additional sheets, i</i>	f necessary).	(Be specific)	<u>.,</u> .			
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f an amendment provide	es for an exchar	nge, reclassificati	on, or cancellat	on of issued sha	ares,	
provisions for implemen (if not applicable, ind	dicate N/A)	iment if not cont	ained in the ame	ndment itself:		
						
-						
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			<u>.</u>			
						

The date of each amendment(s) adoption:	_, if other than the
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	not be listed as the
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)	
■ 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.	
04/17/2019 Dated	
Signature (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)	_
CYNTHIA ANDRADE	
(Typed or printed name of person signing)	
SECRETARY	
(Title of person signing)	