## P18 000094186

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11/18/20

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	GRAND EPIX MU	ISIC INC	
DOCUMENT NUMB	BER: P18000094186			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
	PHILLIP ESTIME			
-	Name of Contact Person			
-	Firm/ Company			
_	P.O. BOX 681775			
	Address		EL 22160	
-	MIAMI, FL 33168  City/ State and Zip Code			
	P.ESTIME@GMAIL.COM			
-	E-mail address: (to be us	sed for future annual report		
For further information	concerning this matter, pleas	se call:		
	PHILLIP ESTIME	at (786_	) 371-9465 de & Daytime Telephone Number	
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	X \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303	

## Articles of Amendment

to

## Articles of Incorporation

FILED

2020 OCT 13 PM 4: 54

(Document Number of Corporation (if known)

GRAND EPIX INC	The ne
ame must be distinguishable and contain the word "corporation," "compo Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proj chartered," "professional association," or the abbreviation "P.A."	
Enter new principal office address, if applicable:	20200 WEST DIXIE HWY
Principal office address <u>MUST BE A STREET ADDRESS</u> )	#902
	AVENTURA, FL 33180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 681775
	MIAMI, FL 33168
new registered agent and/or the new registered office address:  Name of New Registered Agent	
(Florida street add	dress)
	Florida
New Registered Office Address:	(Zip Code)
New Registered Office Address: (City)	(2.1) Code)

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Please note the officer/director title by the first letter of the office title:

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 John D</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike J</u>	Jones	
X Add	SV Sally S	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	CEO	JOHNSON ORPHEE	PO BOX 681775 MIAMI FL 33168
X <sub>Add</sub> Remove			
2) Change	CFO	RAYNARD DRIESSEN	PO BOX 681775 MIAMI FL 33168
XAddRemove 3 )ChangeXAdd		MARC LAMYSERE	PO BOX 681775 MIAMI FL 33168
Remove 4) Change Add		<u>.                                    </u>	
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

F If amending or adding add (Attach additional sheets, if t	litional Articles, enter change(s) here: necessary) — (Be specific)
1 WOULD LIK	E TO CHANGE THE ADDRESS OF THE REGISTERED AGENT
TO:	PO BOX 681775 MIAMI FL 33168
<u> </u>	TO CHANGE THE ADDRESS OF THE OFFICER/ DIRECTOR DETA
то:	PO BOX 681775 MIAMI FL 33168
. If an amendment provides	for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing (if not applicable, indic	ng the amendment if not contained in the amendment itself: rate N/A)

The date of each amendment(s) ad date this document was signed.	option:	, 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 bl document's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE)</u>	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors withou	nt shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for ficient for approval.	r the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the ar	
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by	<del></del>	
	(voting group)	
Dated 04	OCTOBER 2020 / 1	
Dated		-
Claustin	S. A.	
Signature(By a di	rector, president or other officer - if directors or office	ers have not been
	by an incorporator $-\mathbf{j}$ in the hands of a receiver, tru	
	d fiduciary by that fiduciary)	
	PHILLIP ESTIME	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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