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2018 DEC -3 AM 10: 21 DECRETA ASSECTATE TALLAMASSECTEL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AWESOME M	IINOS CORP				
DOCUMENT NUMBER: P18000095270					
The enclosed Articles of Amendment and fee are	e submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
YOXANA M ALVAREZ	СОСНОА				
	Name of Contact Person	1			
	Firm/ Company				
13925 SW 90TH AVE AI	PT A205				
MIAMI, FLORIDA 3317	Address MIAMI, FLORIDA 33176				
	City/ State and Zip Code	2			
ABRITO@ABRITOFINANCE	S.COM				
E-mail address: (to be	e used for future annual report	notification)			
For further information concerning this matter, p	lease call:				
YOXANA M ALVAREZ OCHOA	at (896-8884			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount ma	de payable to the Florida Depa	rtment of State:			
■ \$35 Filing Fee		□\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

AWESOME MINOS CORP 2018 DEC - 3 AM 10: 2 I (Name of Corporation as currently filed with the Florida Dept. of State) CRETARY OF P18000095270 TALLAUN (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: AWESOME MINDS CORP The new 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent (Florida street address) 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.

Example: 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)	Title	Name	<u>Addres</u> s
1) Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)
8/A.	
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nrayisians for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment usen:
/A	

	N/A	
The date of each amendment(s):	ıdoption:	, if other than the
date this document was signed.		
	/19/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were act by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	nent
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	lopted by the board of directors without shareholder action and sharehold	ier
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
DatedSignature	for	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
цруст	YOXANA M ALVAREZ OCHOA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of pareon cigning)	