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C. GOLDEN

DEC - 4 2019

COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Maytim'S 33437 INC					
DOCUMENT NUMBER: P 8000097492					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Martin Servidio Name of Contact Person					
Martin 5 33437 NC					
18155 Boynton Beach Blvd Address					
Boynton Beach Fl 33437 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
March Service at (501) 901-8898 Name of Contact Person at (501) 901-8898 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Marhni's 3343	7 INC		2016/1911 - 4	PH 4: 05
(Name of Corporati	ion as currently f	filed with the Florida Dept. o		
P18000097492				•
(Docur	nent Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>FI</i>	orida Profit Corporation ado	pts the following am	endment(s) to
A. If amending name, enter the new name of the co	orporation:			
			771.	r new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o, " "Inc," or "Ce	o". A professional corporati		
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		s in Florida, enter the name	of the	
Name of New Registered Agent				
	(Florida stree	(address)		
New Registered Office Address:		į	Florida	
www.icambeau.vjice.imress.	(C	ity)	(Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered agent.		h and accept the obligations o	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> <u>John</u>	ı Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		Joseph Cordans	10 SE 13th St
Add			Buca Raton, PL
Kemove			33432
2) Change			<u>44</u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		tale a management of the second of the secon	
Add			· <u></u>
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
	····
· ·	
	
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ų noi uppricame, maicate (VA)	
	×

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: 10/3/19 (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) (<u>CHECK ONE</u>)	
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.	
Dated 10 31/19	
Signature Mart Lan	
(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)	
Martin Servidio	
(Typed or printed name of person signing)	
President	
(Title of person signing)	