P18000099309

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(City/State/Zip/Phone #)
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C. GOLDEN

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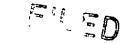
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>Premoba</u>	y, Inc.	
	er: <i>P18000099</i>		
The enclosed Articles (of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
- - -	520 UTH.	Bologna Name of Contact Perso Firm/ Company ST F #//04 Address FL 34208 City/ State and Zip Cod Sed for future annual report	<u>+</u>
For further information	concerning this matter, please	se call:	
Gregory W.	Bologna f Contact Person	at (<u>94/</u> Area Co) <u> </u>
Enclosed is a check for	the following amount made		
\$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)
<u>Mail</u>	ing Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Premoba	y, INC.	y filed with the Florida Dept. of St	2019 MAY 22 AH 8:
		y filed with the Florida Dept. of St	ate)
P1 80000	99309		51.51
	(Document Number of	Corporation (if known)	~ .
Pursuant to the provisions of section 607.19 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts t	he following amendment(s
A. If amending name, enter the new nar	ne of the corporation:		
Madreterra N name must be distinguishable and conta	unismatic	Corporation	The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati B. Enter new principal office address, if (Principal office address MUST BE A ST.	tion "Corp," "Inc," or " on," or the abbreviation " applicable:	Co". A professional corporation n	or the abbreviation nume must contain the
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/0-	
D. If amending the registered agent and new registered agent and/or the new			<u>he</u>
Name of New Registered Agent		<u>.</u>	
-	(Florida str	out (ddraw)	
		·	
New Registered Office Address: _	<u> </u>	(City)	da (Zip Code)
New Registered Agent's Signature, if ch	anging Registered Agent:		
I hereby accept the appointment as registed			g position.
Not Ag	plicable	egistered 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.

- Mike Jones, v. as Kemovi - Emminion	e, ana sai	ty Smun, SV as an Aaa.	
Example: \underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	NO7	APPLICABLE	
Add			
Remove			
2) Change			
Add			A
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6)Change		_	
Add			
Remove			

	g or adding additional tional sheets, if necesso					
	APPLICA					
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			6 4 !		i abau	
provisions	Iment provides for an for implementing the	amendment if not	contained in th	e amendment it	self:	
	applicable, indicate N/					
NOT	APPULARI	<u> </u>				
				-		
			<u>.</u> .			

The date of each amendment(s) adoption: NOT APP CICABLE date this document was signed.	, if other than the
tare this document was signed.	
Effective date <u>if applicable</u> : MAY 19, 2019 (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 w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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 5/19/2019	
Signature Law. Ch	
(By 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)	
Cresory W. Bolosna (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	<u></u>
(Title of person signing)	