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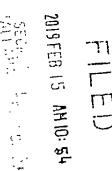
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A 3 M CI	gars cons.
DOCUMENT NUMBER: PIGOOX	23603
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	ntter to the following:
Virgini	Name of Contact Person
A 3 M	CONS COMPANY
3205	M WC WC DT P77
Hialea	
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, plea	ase call:
Viv(ji)(L) M(t)(1) Name of Contact Person	at (780) 3(1 - 0547 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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

N 3 M CIC	MYS COXP
(Name of Corporation	ras currently filed with the Florida Dept. of State)
P190000036003	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits 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	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the obreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS) Fig. 5
	- E
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	
	(Florida street address)
Nov. Donaton J. Office A. Hanne	Clasida
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regis	
т петеоў ассері іне арронітені аз regisierea agent. Т	am familiar with and accept the obligations of the position.
Signat	ure 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 Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Mencly Allonso	3705 N 16 WC
Add Remove			10+ 072, +11010010 FL 33011
2) Change			-
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	ing additional Articles, e neets, if necessary). (Be				
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an amendment i	rovides for an exchange.	. reclassification. c	r cancellation of is	sued shares,	
provisions for im	dementing the amendme	nt if not contained	in the amendment	t itself:	
(if not applica	ble, indicate N/A)				
NA					
. <u>.</u>	<u>-</u>			<u> </u>	
·				-	

The date of each amendment(s) adoption: FEDYUCIYY 11, 2019, if other than the date this document was signed.
Effective date if applicable: TEDYLXXVIII 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 will not be listed as the document's effective date on the Department of State's records.
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)
(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 FCDY DCIYY 11, 7019
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)
(Typed or printed name of person signing)
President

(Title of person signing)