PA0000 27481

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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04/15/19--010:2--013 +35.00 +35.00 FILED SECRETARY OF SIALL AHIB: 48 SECRETARY OF SIALL AHIB: 48 SECRETARY OF SIALL AHIB: 48 SECRETARY OF SIALL SECRETARY OF

APR 22 2019 T SCHROEDER **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	KOM	FINMAR	Services	Inc.	3
DOCUMENT NUMBER:	19000	027481		<u> </u>	•

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Contact Person en keuses Inc en Muy Sule 405 1 NM 3343, City/ State and Zip Code . con TINGSPLUCE E-mail address: (to be used for future annual report notification

For further information concerning this matter, please call:

1sciren Name of Contact Person

Area Code & Davtime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

□S43.75 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)

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 A	mendment
to Autistus of the	
Articles of Inc	orporation
IPM thancial Sirvi	ces Inc 3
(Name of Corporation as current)	y filed with the Florida Dept. of State)
	00027481
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, 1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "(word "chartered," "professional association," or the abbreviation ", B. Enter new principal office address if a contained by	"a" A professional comparation name
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Ā.
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	THE APPRISE FLORIDA

D. <u>If amending the registered agent and/or registered office address in Florida, enter the name of the</u> new registered agent and/or the new registered office address:

Name of New Registered Agent

.

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

____. Florida__

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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:

 $P = President; \ \tilde{V} = Vice President; \ \tilde{T} = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	\underline{V}	MICHAEl GOLDBERG	<u>4400 N. FEDERAL May</u> Boct KATOM, FE 33431 SUIR 405
Add			Bour Koron, FE 33431
Remove			Suile 405
2) Change			
Add			<u>></u>
Remove			
3) Change	<u> </u>		ASA IS
Add			
Remove			D D D D D D D D D D D D D D D D D D D
4) Change			A 00
Add			
Remove			
5) Change			
Add			
Remove			
() Change			
の Change Add			
			<u> </u>
Remove			

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E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

REMOVE (V) MICHHEI GOLDBERG FRAM OFFICER	٤
	TAL
	CRE CRE
	SSEE
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	AN 19: 48
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The date of each amendment(s) adoption:			ther than
Effective date <u>if applicable</u> :			
(no more than 90 days after amendment file date)			
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date ocument's effective date on the Department of State's records.	will n	ot be	listed as
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)	. .		
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	SECRE	19 APR	T
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	NSSEE, F	IS AM	
Dated	FLORIDA	8 h têl k	0
Signature	\sim	2	
(By a director, perident or other officer – if directors or officers have not been selected, by an ucceptorator – if in the hands of a receiver, trustee, or other court appointed fiduciar, by that fiduciary)			
JAMIE Fischer			
(Typed or printed name of person signing)			_
Y			