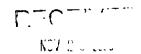
P19000031306

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JAN 10 "JZ I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: AMIDE INTERNA	ATIONAL MARKETING I	INC		
	1BER: P19000031306				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	JEAN HIGOR AHRENDTS				
		Name of Contact Persor	1		
	AMIDE INTERNATIONAL MARKETING INC				
	Firm/ Company				
	150 EAST PALMETTO PAR	RK ROAD, SUITE 800			
		Address	·		
	BOCA RATON, FL 33432				
		City/ State and Zip Code			
	JAHRENDTS@AMIDINTL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati JEAN HIGOR AHR	on concerning this matter, please	se call: at (980-2690		
Name of Contact Person		at (Area Coo	de & Daytime Telephone Number		
Enclosed is a check t	or 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

(Name of Corporati	on as currently filed with the Flo	rida Dept. of State)	
219000031306			
(Docur	ent Number of Corporation (if kno	own)	
cursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corp	oration adopts the follow	wing amendment(
If amending name, enter the new name of the co	rporation:		The new
ame must he distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbre	or "Co". A professional corp		ation "Corp.,"
Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD		······································	
			• 3
Enter new mailing address, if applicable:			•
(Muiling address MAY BE A POST OFFICE BO	<u>x</u>		
If amending the registered agent and/or registenew registered agent and/or the new registered		er the name of the	· ည ယ
Name of New Registered Agent			_ _
	(Florida street address)		_
New Registered Office Address:		, Florida	
	(City)	(Z	lip Code)
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		obligations of the positio	n.
	•		
Sign	ture of New Registered Agent, if c	hanging	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

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	
I) Change	P	JEAN HIGOR AHRENDTS	150 EAST PALMETTO PARK RD	
X Add			SUITE 800	
Remove			BOCA RATON, FL 33432	
2) Change	P	FEVRY PIERRE	150 EAST PALMETTO PARK RD	
Add			SUITE 800	
X Remove			BOCA RATON, FL 33432	
Add				
Remove				
4) Change		<u></u>		
Add				
Remove				
5) Change			_	
Add				
Remove				
6) Change			-	
Add				
Remove				

amending or adding ttach additional sheet.	s, if necessary).	(Be specific)				
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		110				
an amendment prov rovisions for implem	ides for an exchai	nge, reclassifica	tion, or cancella	tion of issued si	nares.	
(if not applicable,	indicate N/A)	amene ji not coi	itamed in the an	dendment usen	•	
				<u> </u>		
					···	
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			 .	<u>-</u>		

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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90) days after amendment file da	te)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a ufficient for approval.	rmendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
DatedSignature	(voting group) (voting group)	re not been or other court
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	