# P19000036168

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#### **COVER LETTER**

TO: Amendment Section Division of Corpo					
NAME OF CORPOR	ATION: IT C. P190000	aterprises 36168	Corp		
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	tter to the following:			
	<u> </u>	UISZ Y. K	eyes		
_	Name of Contact Person  Stemmer Services, LL				
18590 NW 67th Ave # 204					
	Hales	ム FL 3 City/ State and Zip Code	3015		
City/ State and Zip Code  Yuming @ Stems services. Com  E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, pleas	se call:			
Luisa Y	Reyes	at (786_	, 554-9240		
Name o		Area Cod	le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$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 Street Address					
Amendment Section Amendment Section					
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 Chiton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

#### Articles of Amendment

Articles of Incorporation

## 1M Enterprises Corp. (Name of Corporation as currently filed with the Florida Dept. of State)

19000036168

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

A. If amending name, enter the new name of the corpor	<u> ation:</u>	
name must be distinguishable and contain the word "c" ("Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association." or the abbi	nc," or "Co". A professional corporation	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(3</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 JAN 1
D. If amending the registered agent and/or registered o	flooraddress in Florida, outer the name of	the m
new registered agent and/or the new registered office		1 1
Name of New Registered Agent		Title Print 100
	Florida street address)	<del>"</del>
	/ /	
New Registered Office Address:	(City) . Flo	rida (Zip Code)
		,
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the position
		<i></i>
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>	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
l) Change	S	Reynaldo Fagundo	8718 NW 106th Tel
Add		·	Hislesh FL 33018
X Remove			-6
2) Change	5	Jorge L. Lee	11488 NW 91st Ct
_X Add			Hideah Guidens FL 33018
Remove		<i>_</i>	
3) Change	<del> </del>		
Add			
Remove			
4)Change			
Add			
Remove			
5) Change	/		
Add	7		
Remove			
	•		
6) Change		_ /	***************************************
\dd			<del> </del>
Remove			

Mach additional sheets, if necessary).	i <mark>cles, enter change(s) here</mark> : (Be specific)
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If an amendment number for an evaluation	unne realistification or appeallution of issued shows
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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The date of each amendment(s) adop	tion: <u>0</u> 7	JSUNS	y 2020	, if other than the
date this document was signed.	21221	0	/	
Effective date if applicable:	010+12	2020		
<del>- ,</del> ·	(no more t	han 90 days after	amendment file date)	
Note: If the date inserted in this block locument's effective date on the Depart			ry filing requirements, th	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•		
The amendment(s) was/were adopted by the shareholders was/were suffic		s. The number of s	votes east for the amendr	nent(s)
☐ The amendment(s) was/were approvemust be separately provided for each				
"The number of votes east for	the amendment(s) wa	as/were sufficient	for approval	
by	(voting group)		<del></del> ."	
	(voting group)			
The amendment(s) was/were adopted action was not required.	d by the board of dire	ectors without sha	eholder action and share	cholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporator	s without sharehol	der action and sharehold	ler
0/0	7/2020			
Dated Of O	1 . 1)			
Signature	Tope To	requi		
(By a direc			tors or officers have not	
	y an incorporator – if fiduciary by that fidu		receiver, trustee, or other	r court
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	Pre	esiden	it.	
<del></del>	(	Title of person sig	ning)	<del></del>

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