P190000 39931

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SECRETARY OF STATE
NATIONAL SEEL FLORIDA

APR 03 2020 M. SOLOMON

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	. I-MR	fromotions	Tw.
	V 10	0000 39931	
DOCUMENT NUMBER:	5-17	0000 799 21	
The enclosed Articles of Amen	dment and fee are sul	omitted for filing.	
Please return all correspondence	e concerning this mat	iter to the following:	
	Ivette	Bowers	
		Name of Contact Person	
	IM	Promotions,	toc
		Firm/ Company	
	33,60	NG 17th WAY Address	(17+hWAY)
	Oaklan	O Park, IT City/ State and Zip Code	ろろろなよ
		City/ State and Zip Code	;
——————————————————————————————————————	TV+ bo	OWERS @ LOW Code for future annual report	ast. Net notification)
For further information concern	ning this matter, pleas	e call:	
RONALO	Prupis	at (201	
Name of Contac	t Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:
-	43.75 Filing Fee & ertificate 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 Add Amendment Division of C P.O. Box 632	Section Corporations	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

IMR, from o tions	S INC
(Name of Corporation as currently	filed with the Florida Dept, of State)
P 19 0000 399 3	1
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12608 NW 11th CT Sunrise, Te 33323
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS Above
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Royald Registered Agent	ess in Florida, enter the name of the
12608 AU 1 (Florida stree	Hot, Sunrise, Florida 33323 Class Glorida 33323
New Registered Office Address: 12608 NW 11H	City) Suncise, Florida 33323 (Lip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Jon 9	Percongistered Agent, if changing
/ Signature of New Re	gistered Agent, if changing

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)

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	PT Job	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u> l	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Ivetre Bowers	
Add			
	ρ	RONALD Prupis	12608 NW 11th ct.
Add		,	Surise, & 33323
Remove 3) Change	5	Ronald Prupis	3000 Stirling RO #124 Hollywood, or 35021
Add			
Remove			2020 HAR
4) Change			AR 2
Add			R 23 PH 2
Remove			
5) Change	~ ~~		
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) add date this document was signed.	option:	, if c	other th	nan the
Effective date if applicable:				
<u></u> ,	(no more than 90 days after amendment file date)			
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be	e listed	as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adop action was not required.	sted by the incorporators, or board of directors without shareholder action and	shareh	older	
☐ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.			
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	Est.	2020 HAR	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	(10 ed) (11 ± 11 ± 11 ± 11 ± 11 ± 11 ± 11 ± 11	HAR	1
by	·	% % %	23	-
	(voting group)	7 7 7	₹.	ITi
_1	ا ا	ii	₩.	C
Dated	18/20	部	<u>.</u> 4:	
Signature	with some	<u>.</u>	7	
	ector, president or other officer – if directors or officers have not been			
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)			
-	Wette Bowers			
	(Typed or printed name of person signing)			
_	(Title of person signing)			