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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EXCEPTIONAL N	IULTI CORP	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are sui	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GUSTAVO MENENDEZ		
		Name of Contact Persor)
	EXCEPTIONAL MULTI CO	DRP	
		Firm/ Company	
	665 N US HIGHWAY 17 #1-	• •	
		Address	
	EAGLE LAKE FLORIDA 33	5839	
		City/ State and Zip Code	e
	EXCEPTIONALMULTICO	RP@OUTLOOK.COM	
		sed for future annual report	notification)
For further information	on concerning this matter, please		333-4829 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EXCEPTIONAL MULTI CORP.			
(Name of Corpor	ation as currently	filed with the Florida Dept. of State)	44
P19000062638			
(Do	cument Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this FI	orida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the ab	nc," or "Co". A p		reviation "Corp.,"
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		1010
			er en en
 If amending the registered agent and/or registered agent and/or the new registered. 		ss in Florida, enter the name of the	5,
			C:
Name of New Registered Agent			
	(Florida street	address)	
New Registered Office Address:		T71i.J	
iten inglisio en Office Addition.	rC.	, Florida	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: a. – Lam familiar wit	h and accept the obligations of the po:	sition.
	in diam of Man D	in the state of th	
Si	gnature of New Reg	istered 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>Р</u>	GUSTAVO MENENDEZ	665 N US HIGHWAY 17 #1435
Add			EAGLE LAKE FLORIDA 33839
X Remove			
2) Change	0	GUSTAVO MENENDEZ	665 N US HIGHWAY 17 #1435
XAdd			EAGLE LAKE FLORIDA 33839
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change	·		
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	N- 1	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
() an appreciate, materix (511)		

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The date of each amendment(s) adoption:date this document was signed.	, if other than t
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as titate's records.
Adoption of Amendment(s) (CH	CCK ONE)
The amendment(s) was/were adopted by the i action was not required.	acorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	pareholders. The number of votes east for the amendment(s)
	shareholders through voting groups. The following statement croup entitled to vote separately on the amendment(s):
"The number of votes cast for the amen	lment(s) was/were sufficient for approval
by	
(voti	g group)
Dated	
Signature	
(By a director, president)	ent or other officer – if directors or officers have not been
selected, by an inco appointed fiduciary	porator – if in the hands of a receiver, trustee, or other court
• • • • • • • • • • • • • • • • • • • •	•
GUSTAVO	MENENDEZ
	yped or printed name of person signing)
	President
	itle of person signing)