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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LENSUR CORP Account Number : I20180000038 Phone : (305)364-8824 : (305)364-8824 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PANTUM AMERICA CORP

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PANTUM AMERICA CORP DOCUMENT NUMBER: P19000083997 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARINA SARGSIAN Name of Contact Person PRESIDENT Firm/ Company 407 LINCOLN RD STE 11 H Address MIAMI BEACH, FL 33139 City/ State and Zip Code pantum-america@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARINA SARGSIAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐\$52.50 Filing Fee **□\$43.75** Filing Fee & S35 Filing Fcc Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PANTUM AMERICA CORP			
(Name)	of Corporation as currently filed with the Flor	ida Dept. of State)	
P19000083997			
	(Document Number of Corporation (if know	wn)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corpo	ration adopts the following amo	endment(s) t
A. If amending name, enter the new n	ame of the corporation:		
		1 67 .	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cothartered," "professional association,"	the word "corporation," "company," or "incorp Corp," "Inc." or "Co". A professional corpo "or the abbreviation "P.A."	parated" or the abbreviation "C	new lorp.," word
B. Enter new principal office address,			
(Principal office address MUST BE A.S	TREET ADDRESS)		
	 -		
			
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST	<u> </u>		
			;
	. · · 		
D. If amending the registered agent ar	nd/or registered office address in Florida, ente	r the name of the	3.5
new registered agent and/or the ne		* .	****
Name of New Registered Agent	ARINA SARGSIAN	(7) V.	生世
	407 LINCOLN RD STE 11 H	mer To	AH 11: 03
	(Floridu street address)		03
	МІАМІ ВЕАСН	Florida 33139	
New Registered Office Address:	(Chy)	(Zip Code)	
New Registered Agent's Signature, if	hanging Registered Agent:		
I hereby accept the appointment as regis	tered agent. Turn jamiliar with and accept the o	bligations of the position.	
_			
Po	ALK		
	Signature of New Registered Agent, if ch		
	Diplomate to the negative en rigera, if the	**************************************	
Check if applicable			
☐ The amendment(s) is/are being filed p	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:

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>	<u>John Doe</u>			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>şv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P	MORAIMA JACANAMIJOY	407 LINCOLN RD		
Add		_	STE 11H		
X Remove			MIAMI BEACH, FL 33139		
2) Change	P	ARINA SARGSIAN	407 LINCOLN RD		
X Add			STE 11H		
Remove 3) Change			MIAMI BEACH, FL 33139		
Remove					
4) Change			- · · ·		
Add					
Remove					
5) Change	_	<u> </u>			
Add					
Remove			, <u></u>		
6) Change					
Add					
Pamous					

******* ******************************	icles, enter change(s) here: (Be specific)
	
	
	No. day and shares
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the arr	change, reclassification, or cancellation of issped shares, nendment if not contained in the amendment itself:
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	02/19/2021	, if other than the
The date of each amendment(s) adoption		, , , , , , , , , , , , , , , , ,
date this document was signed. 02/19/2021		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do- document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this dant of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder acti	on and shareholder
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment(for approval.	(s)
The amendment(s) was/were approved by must be separately provided for each ve	by the shareholders through voting groups. The following statement of the control of the statement of the st	ent
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
02/19/2021 Dated Signature	(voting group)	
(By a directur, selected, by u	president or other officer - if directors or officers have not been a incorporator - if in the hunds of a receiver, trustee, or other coulciary by that fiduciary)	ut
ARIN	A SARGSIAN	
	(Typed or printed name of person signing)	
TRES	IDENT	
-	(Title of person signing)	