## P20 000021867

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Amendment Section
. Division of Corporations

NAME OF CORPORA	ATION: PM CAP ER: H2000	ITAL FUNDING	- Ive
DOCUMENT NUMBI	er: H200000	9821683	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
_	PRAFUL	Pandya	
_	PM CAPITAL	Name of Contact Person Funding The Firm/ Company	1
_	1340 South C	KEMN BIVE (	INIT1008
	Pampano Ba	ach, FL 33062	
		City/ State and Zip Code  Nyc O a mail 100  sed for future onnual report	e
For further information	concerning this matter, pleas	se call:	
Praful	Pandyw	at (917	853-1488
Name of			de & Daytime Telephone Number
Enclosed is a check for	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi	ng Address diment Section on of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment

to

Articles of Incorporation

οf

P2000	ion as currently filed with the Flor OO SUT ment Number of Corporation (if kno	
ursuant to the provisions of section 607.1006. Florid s Articles of Incorporation:	la Statutes, this <i>Florida Profit Corpo</i>	oration adopts the following amendme
. If amending name, enter the new name of the o	corporation:	
	N/A	The new
une must he distinguishable and contain the word "e Inc.," or Co.," or the designation "Corp," "Inc chartered," "professional association," or the abb	" or "Co". A professional corpe eviation "P.A."	
Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>		
Enter new mailing address, if applicable:	N/A	$\mathcal{L}$
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	هـ
		. 12_
If amending the registered agent and/or registe	red office address in Florida, ente	or the name of the
new registered agent and/or the new registered		<u> </u>
Name of New Registered Agent	N/A	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the o	obligations of the position.
	,	
,	V/A vature of New Registered Agent, if ch	
/-	X-#-	

☐ 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	CED/Oration Michael MARGOLIS	1340 South Ocean Black Unit1008 Pampano Beach FL
X Add		Unit1008
Remove		Pompares DEAL, FL
2) Change		<del></del>
Add		
Remove Change		
Add		
Remove		
4) Change		
Add		<del></del>
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach <i>addi</i> i	z <mark>or adding addit</mark> i tional sheets, if nee					
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<u>f an amend</u> provisions	lment provides fo for implementing	r an exchange the amendm	e, reclassification. ent if not contain	<u>or cancellation</u> ed in the amend	<u>of issued share</u>  ment itself:	<u>es,</u>
(if not e	applicable, indicat	le N/A)			11.7211	
	1 - 1 -	⊂∧ถ	M hasi-	Mana	•	
***	Ownership	20%	Michazz	INKROLI	<b>`</b>	-
	Bush 10	5090	Palle	Pontus -		
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The date of each amendment(s) add	pption:	, if other than the
date this document was signed.		
Effective date if applicable:	10-14-2020	
	(no more than 90 days after amendm	ent 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 artment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors wit	thout shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes casticient for approval.	st for the amendment(s)
	oved by the shareholders through voting groups.  ach voting group entitled to vote separately on th	
"The number of votes east fo	or the amendment(s) was/were sufficient for appro	oval
by		
	(voting group)	
Dated	0-14-2020	
se <b>lecye</b> áz	ctor, president or other officer – if directors or oby an incorporator – if in the hands of a receiver.	fficers have not been trustee, or other court
appointe	Induciary by that fiduciary)  PRAFUL PundyA  (Typed or printed name of person signi	<del> </del>
	CFO / Diazetm	ng,
_	(Title of person signing)	