P20 000049065

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10-05-20

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _AEQUUM METALS INC. DOCUMENT NUMBER: P20000049065 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VINCENT CARPIO Name of Contact Person AEQUUM METALS INC. Firm/ Company 1137 97TH ST Address **BAY HARBOR ISLANDS, FL 33154** City/ State and Zip Code carpiowolf@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (469) 859-1152 Area Code & Daytime Telephone Number VINCENT CARPIO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐S43.75 Filing Fee & ☐\$43.75 Filing Fec & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of St	late)
P20000049065		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts t	he following amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A		771
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name n	The new abbreviation "Corp.," nust contain the word
3. Enter new principal office address, if applicable:	N/A	<i>a.</i>
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
		
Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<u></u>
. If amending the registered agent and/or registered office add	lress in Florida, enter the name of t	he
new registered agent and/or the new registered office address	s:	iic
N/A Name of New Registered Agent		
		İ
	reet address)	
(Florida sti		
(l [*] lorida su <u>New Registered Office Address:</u>	Floric	do.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

•			
address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO President, Treasurer, Di Changes should be noted	and/or D i, if necess irector titl President = Chief F rector wo I in the fo aves the c	Pirector being added: Sary) The hy the first letter of the The Treasurer; S= Secritation of the The Treasurer; If an official of the The Treasurer of the the the the the the the the the The Treasurer of the	and name of each officer/director being removed and title, name, and office title: etary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief cer/director holds more than one title, list the first letter of each office held. by John Doe is listed as the PST and Mike Jones is listed as the V. There is named the V and S. These should be noted as John Doe, PT as a Change,
Example: X Change	PT	John Doe	
. <u>A</u> Change	<u></u>	JOHN DOC	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s

CEO VINCENT CARPIO 520 SUPERIOR DR t) ____ Change X___Add SUPERIOR, CO 80027 ____ Remove 276 5TH AVE SUITE 704 #791 CFO ROBERT NUGTEREN 2) ____ Change X Add NEW YORK, NY 1000 J Remove 3) ____ Change ALLAN KADDU 244 5TH AVE SUITE K252 NEW YORK, NY 10001 __ Add _Remove Change ___ Add ____ Remove 5) ____ Change ____ Add Remove __ Change Add Remove

	ecessary). (Be specific)	į –
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	or an exchange, reclassification, or cancellation of issued shares,	
n amendment provides fo	g the amendment if not contained in the amendment itself:	İ
<u>ovisions for implementing</u>	te N/A)	
n amendment provides for ovisions for implementing (if not applicable, indica	nte N/A)	
ovisions for implementing	ne N/A)	
<u>ovisions for implementing</u>	ite N/A)	
ovisions for implementing	ite N/A)	
ovisions for implementing	ite N/A)	
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<u>ovisions for implementing</u>	ite N/A)	
<u>ovisions for implementing</u>	ite N/A)	

07/02/2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
07/02/2020 Effective date if applicable:	
(no more than 90 days after amendment file date)	
(no more than 70 days after amenament the date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
. THE DIRECTORS	
by	ı
(voting group)	
Dated_09/17/2020 Signature	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
VINCENT CARPIO	
(Typed or printed name of person signing)	
CHIEF EXECUTIVE OFFICER	
(Title of person signing)	