P20000064961

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A. BUTLER NOV 16 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: POWER OF M IN	NOVATIONS, INC.				
DOCUMENT NUMB						
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	AARON VALLEY					
•		Name of Contact Person	1			
	POWER OF M INNOVATIONS, INC.					
		Firm/ Company				
	1409 NW 58TH AVE SUITE 2					
		Address				
	MARGATE, FL 33063					
•	City/ State and Zip Code					
	AARONVALLEY@GMAII.	COM				
-	E-mail address: (to be us	sed for future annual report	notification)			
	concerning this matter, pleas					
AARON VALLEY		at (_) 7218192			
Name o	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 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)			
Ame Divis P.O.	ing Address indment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Entre of Tallahassee J. Monroe Street, Suite 810 Issee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as current	ly filed with the Florida D		1 AM 0. 00
		em 67 State)	4 An 9: 20
20000064961			OF STATE
(Document Number of	of Corporation (if known)		COME. FL
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation	adopts the fol	lowing amendment(s)
. If amending name, enter the new name of the corporation:			
IFE IQ GLOBAL, INC.			The new
ame must be distinguishable and contain the word "corporation," " lnc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A.	A professional corporation	ed" or the abbre n name must c	viation "Corp.,"
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mauing address MAT BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		name of the	
Name of New Registered Agent			
(Florida su	reet address)		
New Registered Office Address:		, Florida	

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)

Example:

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	$\overline{\mathbf{p}_{\mathrm{T}}}$	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
l) Change			
Add			· · · · ·
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
broxizions for imbiguighting fue ame	
(if not applicable, indicate N/A)	

. .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	story filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK QNE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of d action was not required.	lirectors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately provided for each vote separately provided for each voting group entitled to vote separately provided for each vote separately provided	
"The number of votes east for the amendment(s) was/were sufficient	ent for approval
by	··
(voting group)	
Dated 8 18 2023 Signature Alla-	
(By a director, president of other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
(Typed or printed name of p	LEY
	erson signing)
PRESIDENT	<u> </u>
(Title of person signing)	



September 27, 2023

AARON VALLEY 1409 NW 58TH AVE SUITE 2 MARGATE, FL 33063

SUBJECT: POWER OF M INNOVATIONS, INC.

Ref. Number: P20000064961

We have received your document for POWER OF M INNOVATIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

1... 1 4 2023

Letter Number: 523A00022382