## P22000011825

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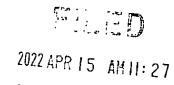
## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Momma Mode Corp DOCUMENT NUMBER: P22000011825 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Siulil Decembirale Name of Contact Person Momma Mode Firm/ Company 1627 NW 144 WAY Address PEMBROKE PINES / Fl 33028 City/ State and Zip Code momm.mode@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786 ) 280-7924

Area Code & Daytime Telephone Number Siulil Decembirale Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is 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 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Momma Mode Corp

(Name of Corporation as currently	filed with the Florida Dept. of State
P22000011825	Malin Markell, FL
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 <math>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	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	P	_	Siulil Decembirale	1627 NW 144 way
Add				Pembroke Pines, FL 33028
Remove	<b>a</b>			
2) X Change	<u>S</u>	_	Catherine Malvicino	16118 SW 28th ct
Add				Miramar, Fl 33027
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	<del></del>			
Add				
Remove				
6) Change		<b></b>		
Add				
Remove				

	al sheets, if necessary)	. (Be specific)	e(s) here:		
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f an amendme	nt provides for an exc	·hange_reclassifica	tion, or cancellation	of issued shares.	
<u>f an amendme</u> provisions for	nt provides for an exc implementing the am	:hange, reclassifica endment if not cor	tion, or cancellation Itained in the amend	of issued shares, ment itself:	
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The date of each amendment(s	) adoption:		, if other than the
date this document was signed.			
	pril 5,2022		
Effective date <u>if applicable</u> : _	(no more than 90 de	ays after amendment file date)	
Note: If the date inserted in thi document's effective date on the		le statutory filing requirements, this date w	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or boa	ard of directors without shareholder action as	nd shareholder
☐ The amendment(s) was/were by the shareholders was/were		amber of votes cast for the amendment(s)	
	approved by the shareholders throug for each voting group entitled to vot	gh voting groups. The following statement to separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were s	sufficient for approval	
by		.,,	
	(voting group)		
04/05/22 Dated	2	_ /	
Signature	a director associdant to other officer	-if-directors or o directs have not been	
sele		ands of a receiver, trustee, or other court	
	catherine malvicino		
	(Typed or printed nan	ne of person signing)	
	Secretary		
	(Title of person signir	ng)	