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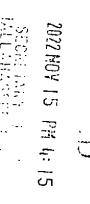
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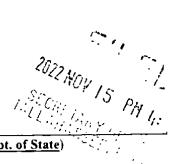


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: M.IMPRERIUM, II	NC	
DOCUMENT NUMBE	R: P22000084742		
	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
С	LAUDIA BETANCOURT		
	IIMPERIUM, INC	Name of Contact Person	
-		Firm/ Company	
12	25 NW 68th TERRACE		_
_		Address	
M	IIAMI, FL 33150		
-		City/ State and Zip Code	:
ы	oettpi@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information (concerning this matter, pleas	se call:	
CLAUDIA BETANCO	URT	at (277-8609
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
\$35 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 P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of



(Name of Corporation a	s currently filed with the Flori	da Dept. of State)
M.IMPRERIUM, INC		· .
(Document	Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	tutes, this Florida Profit Corpor	ration adopts the following amendmen
A. If amending name, enter the new name of the corpo	ration:	
M.IMPERIUM, INC		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	"Co". A professional corpor	orated" or the abbreviation "Corp.," ration name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi Name of New Registered Agent	office address in Florida, enter ce address:	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	n familiar with and accept the o	
Signatur	e of New Registered Agent, if ch	anging
Check if applicable		

 \square 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, nan 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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 Che Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jone	<u>s</u>	
X Add	<u>sv</u>	Sally Smit	<u>h</u>	
Type of Action (Check One)	Title	<u>N</u>	ame	Address
1) Change				
Add				
Remove				
2) Change	<u> </u>			
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			_	
Add				
Remove				

	eles, enter change(s) here: (Be specific)	
		
	 	
		
	L iC. time appellation of	figured sharps
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rovisions for implementing the am	ange, reclassification, or cancellation on the amending of the amending in the	of issued shares, nent itself:
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The date of each an	nendment(s) adoption:, if other ti
date this document w	vas signed.
Effective date <u>if ap</u> j	plicable:
	(no more than 90 days after amendment file date)
Note: If the date in document's effective	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed at date on the Department of State's records.
Adoption of Ameno	diment(s) (CHECK ONE)
The amendment() action was not re	s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder quired.
☐ The amendment(by the sharehold	s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval.
☐ The amendment(must be separate	s) was/were approved by the shareholders through voting groups. The following statement ely provided for each voting group entitled to vote separately on the amendment(s):
"The numb	er of votes cast for the amendment(s) was/were sufficient for approval
hv	
-	(voting group)
	NOVEMBER
D	ated
e,	ignature Malaniere
5	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)
	CLAUDIA BETANCOURT
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)