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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:I MODE	EL ENTERTAIMENT CORP	<u> </u>
DOCUMENT NU	MBER:	P230000	60382
The enclosed Artic	les of Amendment and fee are:	submitted for filing.	
Please return all co	rrespondence concerning this n	natter to the following:	
	EDWIN SANCHEZ		
		Name of Contact Person	า
	ALL PROFESSIONAL SE	RVICES	
	·	Firm/ Company	
	5944 Coral Ridge Dr Ste 1:	54	
		Address	
	Coral Springs, FL 33076		
		City/ State and Zip Cod	e
	edwin.ameripay@gmail.co	m	
		used for future annual report	notification)
For further information	ation concerning this matter, $ ho$ lo	rase call:	242-6591
Nar	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a check	tor the following amount mad	le payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

I MODEL ENTERTAIMENT CORP

	<u>itiv lilea with the Fiori</u>	da Dept. of State)	_
P230000603	382	200000	
(Document Number	of Corporation (if know	vn)	30 AH 9: 23
irsuant to the provisions of section 607,1006, Florida Statutes, thi	is <i>Florida Profit Corpor</i>	ration adopts the fol	lowing amendment
Articles of Incorporation:		11	73 1312
If amending name, enter the new name of the corporation:			F.[
N/A			
		on at 1" on the above	The new
une 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 corpor	cation name must c	contain the word
er i de de gran altura de la Problem	N/A		
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)			
,			
			
Enter new mailing address, if applicable:	N/A		
(Mailing address <u>MAY BE A POST OFFICE BQX</u>)	<u>.</u>		
If amending the registered agent and/or registered office ad		the name of the	
new registered agent and/or the new registered office addre	<u>'SS:</u>		
Name of New Registered Agent N/A		 -	
		·	
(Florida s	street address)		
N/A	street address)		
		, Florida	(lin Cayla)
N/A	(City)	Florida	(Lip Code)
N/A		Florida	lZip Code)
New Registered Office Address: N/A	(Ciţy)	, Florida	(Zip Code)
New Registered Office Address: N/A New Registered Agent's Signature, if changing Registered Agent	(Ciţy)		
New Registered Office Address: N/A New Registered Agent's Signature, if changing Registered Agent	(Ciţy)		•
New Registered Office Address: N/A New Registered Office Address: N/A	(Ciţy)		•
New Registered Office Address: N/A New Registered Office Address: N/A	(Ciţy)		•
New Registered Office Address: N/A New Registered Agent's Signature, if changing Registered Agenthereby accept the appointment as registered agent. I am familian	(Ciţy)	oligations of the pos	
New Registered Office Address: N/A New Registered Agent's Signature, if changing Registered Agentereby accept the appointment as registered agent. I am familian	(City) nt: r with and accept the ob	oligations of the pos	· •

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	SALAZAR, JOHN D	218 NW 8TH ST APT 1337
Add			MIAMI, FL 33136
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
•	
~~~·········	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
If an amendment provides for an exchiprovisions for implementing the americal (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and an amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and an amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and an incident if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and an angent if not contained in the amendment itself:

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The date of each amendment(s) as	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after a	
	(no more than 90 days after a	nendment file date)
Note: If the date inserted in this be document's effective date on the Do		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of direc	tors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of verificient for approval.	otes cast for the amendment(s)
	proved by the shareholders through voting greach voting group entitled to vote separate.	
"The number of votes cast	for the amendment(s) was/were sufficient for	or approval
by		
	(voting group)	
SEPTEM Dated/	3ER 11, 2024	
Signature 104	n Matte	
(By a d	rector, president or other officer – if director, by an incorporator – if in the hands of a re-	
	icd (iduciary by that fiduciary)	eceiver, trustee, or other court
	MATTE, CLAUDIA L	
	(Typed or printed name of person	n signing)
	V PRESIDENT	
	(Title of person signing)	