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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: United Capital Fund	ding Corporation	
DOCUMENT NUMB	ER: P97000030951		·
	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Ivan T Baker		
•		Name of Contact Persor	1
	United Capital Funding Corpo	oration	
		Firm/ Company	
	146 2nd Street North		
		Address	
	St Petersburg Florida 33701		
•		City/ State and Zip Code	2
ivan@	Quefunding.com		
	-	ed for future annual report	notification)
	·	•	
For further information	concerning this matter, pleas	e call:	
Ivan T Baker		at (894-8232
Name o	of Contact Person	at (727) 894-8232 Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	ayable 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

United Capital Funding Corporation (Name of Corporation as currently filed with the Florida Dept. P97000030951 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: **CIMM** Corporation name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) N/A New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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= Trustce; 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.

Mike Jones, V as Remove Example:	r, and Sai	lly Smith, SV as an Add.	
X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		<u>N/A</u>	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	_
Add			
Remove			
б) Change		N⁄A	
Add	<u></u>		
Remove			

(Attach	nding or adding additional Articles additional sheets, if necessary). (B	e specific)	nere.		
N/A				<u> </u>	
			-		-
				<u>-</u>	<u></u>
		•			
		-			
provis	mendment provides for an exchang sions for implementing the amendm f not applicable, indicate N/A)	e, reclassification, ent if not contain	, or cancellation o ed in the amendm	<u>f issued shares,</u> ent itself:	
 N/A					
					
					·
	- -				
			<u> </u>		

• • •	11/01/18	
The date of each amendment(s) and date this document was signed.	doption:	, if other than th
11/0	01/18	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 90 days after amenament file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	l not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by N/A	; "	
· —	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
12/18/18 Dated		
Dineu		
Signature		
the state of the s	firector, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	
	Ivan T. Baker	
	(Typed or printed name of person signing)	
	Director, Chief Financial Officer	
	(Title of person signing)	