P98000035992

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HAMM	Y INC
DOCUMENT NUMBER: P9800003599)2
The enclosed Articles of Amendment and	
Please return all correspondence concerni	ng this matter to the following:
VITTORIO VIGLI	IANESI
	Name of Contact Person
	Firm/ Company
251 N COCONUT	LANE
	Address
MIAMI BEACH, I	FL. 33139
	City/ State and Zip Code
MIROVIGLIANESI@G	MAIL.COM
E-mail addres.	s: (to be used for future annual report notification)
For further information concerning this magnetic formation concerning this magnetic formation concerning the magnetic formation concerning the formation concerning the magnetic	atter, please call:
VITTORIO VIGLIANESI	at (305 815-2332
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filin Certificate o	- · ·
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Vi Has Vip

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HAMMY INC (Name of Corporation as currently filed with the Florida Dept. of State) P98000035992 (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: 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." 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 in Florida, enter the name of the new registered agent and/or the new registered office address: VITTORIO VIGLIANESI Name of New Registered Agent 251 N COCONUT LANE (Florida street address) _, Florida______(Zip Code) MIAMI BEACH 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 = 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: X 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	ROBERT, SYLVIE	251 N COCONUT LANE		
Add			PALM ISLAND, FL. 33139		
X Remove					
2) Change	VP	VIGLIANESI, VITTORIO	251 N COCONUT LANE		
X Add			PALM ISLAND, FL. 33139		
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

	MAY 6, 20	019	
The date of each amendment(s)) adoption:		, if other than the
date this document was signed.			
	4AY 6 2019		
Effective date <u>if applicable</u> :	(no m	ore than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the		the applicable statutory filing requirements, this date records.	will not be listed as the
Adoption of Amendment(s)	(CHECK O	<u>ONE</u>)	
The amendment(s) was/were a by the shareholders was/were		olders. The number of votes east for the amendment(s)	
		nolders through voting groups. The following statemen entitled to vote separately on the amendment(s):	rt.
		s) was/were sufficient for approval	
by		 up)	
	(voting grou	up)	
action was not required.		f directors without shareholder action and shareholder rators without shareholder action and shareholder	
May 6.	2010		
	2019	**************************************	
Signature		other officer – if directors or officers have not been	
selec		or ~ if in the hands of a receiver, trustee, or other court	
	VITTORIO VIGLI	ANESI	
	(Typed o	or printed name of person signing)	
	PRESIDENT	V. H - V. /-	
		(Title of person signing)	